

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
VITAL STATISTICS

No 38144

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

Registered No. 99

Full Name of Deceased Lynnwood H. Eldred  
Usual Address 619 W. Front St. Milton North Pa.  
Place of Death Milton Northumberland Pennsylvania  
Date of Death Nov 4, 1961 Social Security No. 110-09-9303 Race White  
Marital Status Married Sex Male Date of Birth Nov 3, 1897  
Occupation Newspaper Manager Birthplace New York City, N.Y.  
If Veteran, which War W.W.II Veteran's Serial No.

Interval Between  
Onset and Death

Disease or Condition Leading Directly to Death (a) Acute coronary occlusion 5 min.  
Due to (b)  
Due to (c)

Accident, Suicide or Homicide. How did injury occur.

Name and Title of Person Who Certified Cause of Death (M. D., D. O., Coroner) John A. Bolik, M.D.  
Address Milton Pa.

This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to State Vital Statistics, Harrisburg, Pennsylvania, for permanent filing.



Betty R. Rangel 49-444  
Local Registrar of Vital Statistics District No.

714 W. Front St. Milton Pa.  
Street Address City, Borough, Township

Nov 6 19 61  
Date Received by Local Registrar

Nov 6 19 61  
Date of Issue of This Certification

Exhibit No. 1



252 7th Avenue, New York 1, N. Y.

February 4, 1946

MC 4-46  
2-4-46

Mr. Lynnewood Celdon  
2514 14th Street, N. W. ✓  
Washington, D. C.

C-16 909

ADJ:180

Dear Sir:

This will serve to acknowledge receipt of your letter dated January 24, 1946, directed to the Administrator, and forwarded to this office for appropriate attention.

An examination of the records pertaining to your claim disclosed that you were originally granted an award of compensation in February 1920 under a temporary partial 10% disability rating for an eye condition under the laws then in effect. Later examination disclosed that your vision was corrected to normal, and upon a further review of your claim in February 1923, service connection for your eye condition was severed inasmuch as it was found, on the basis of all of the evidence, that the condition was of congenital and developmental origin, not related to your military service, and was not aggravated thereby. The records disclosed further that you failed to take any further action in your case at that time.

Your recent letter to the Administrator has been construed as a review of your claim under all present laws. Accordingly, your case has been reviewed by a rating board at this office on the basis of all of the evidence on file and it has been determined that the condition referred to is not shown to have been the result of your military service, or was aggravated thereby. Accordingly, the prior decision denying service connection for your disability was confirmed and continued.

You have the right to appeal from this determination provided you enter such appeal within one year from the date of this letter.

Future communications relative to your claim should bear your name, address and C-number given above.

Very truly yours,

W. F. GREENE  
Adjudication Officer

cc:DAV

MG:MC



## RATING SHEET

Date 2/2/46

Claimant's name: CELDON, Lynnewood

C- 16 909

Occupational determination \_\_\_\_\_

Dates enlisted 6/26/16 Dates discharged 10/11/17

Character of discharges Hon. SCD Dates of last examination 1/12/23

*In stating the ratings below, the effective Administration's Regulations and Instructions applicable shall be followed*

Preview of the facts of record in this case show a claim filed in 1/29/20 for eyes. The original AGO records in file show on entering military service no defects noted. There is no record of disease or injury shown, or treatment during service and the notations at discharge shows veteran discharged by reason of myopia and myopic astigmatism, 20/100 right eye and 20/70 left eye, corrected to 20/40 cause undetermined, existed prior to enlistment, not in line of duty.

There is an initial examination on file dated 10/27/19 which shows by history given by veteran that while on Mexican Border service in August of 1916 he suffered blindness as a result of a sandstorm. The findings show vision 20/70 bilateral corrected to normal. Diagnosis myopia. A rating dated 1/13/20 and based on facts thus far cited shows a T.P. 10% rating, the eye disability held aggravated by service. The next report of examination is dated 10/30/20 and the history repeats origin of eye condition. The findings show vision 20/200 corrected to normal. Diagnosis compound myopic astigmatism. Ratings dated 11/26/20 and 1/13/21 continued previous rating and evaluation of 1/13/20. An examination dated 1/12/23 shows vision corrected to normal and diagnosis of compound myopic astigmatism and muscle imbalance. Based on this report and a review of evidence of record on 2/2/23 service connection for existent eye disability was severed. Facts further noted veteran received vocational training by reason of ratings made. No further prosecution of the claim was made and no evidence was submitted following action of 2/2/23 severing service connection.

In re-rating this case the eye disability noted by diagnoses given is congenital or developmental in origin and the original and subsequent ratings made confirming same granting a ten percent evaluation were clearly erroneous under the schedule then in use as well as later schedules, as the vision upon which evaluation was based was corrected to normal. As there is no new or material evidence in file since last rating action and as this Board concurs in the previous action of denial of service connection a rating is made in accordance with same bringing forward previous denial.

BRANCH OFFICE COPY



**RATING SHEET**

Claimant's name: **CELDON, Lynnewood**

C- 16 909

**G-2 Disability not incurred in or not shown to have been  
aggravated during service, Public No. 141, 73rd Congress,  
Reg. 1(a), Parts I & II, Para. 1(a).**

**COMPOUND MYOPIC ASTIGMATISM AND MUSCULAR IMBALANCE. VISION  
CORRECTED TO NORMAL.**

**Representative D.A.V. appeared.**

(b) (6)





## RATING SHEET

Date 2/2/46

Claimant's name: GELDON, Lynnewood

C- 16 909

Occupational determination \_\_\_\_\_

Dates enlisted 6/26/16

Dates discharged 10/11/17

Character of discharges Hon. SCD

Dates of last examination 1/12/23

*In stating the ratings below, the effective Administration's Regulations and Instructions applicable shall be followed*

A review of the facts of record in this case show a claim filed in 1/29/20 for eyes. The original AGO records in file show on entering military service no defects noted. There is no record of disease or injury shown, or treatment during service and the notations at discharge shows veteran discharged by reason of myopia and myopic astigmatism, 20/100 right eye and 20/70 left eye, corrected to 20/40 cause undetermined, existed prior to enlistment, not in line of duty.

There is an initial examination on file dated 10/27/19 which shows by history given by veteran that while on Mexican Border service in August of 1916 he suffered blindness as a result of a sandstorm. The findings show vision 20/70 bilateral corrected to normal. Diagnosis myopia. A rating dated 1/13/20 and based on facts thus far cited shows a T.P. 10% rating, the eye disability held aggravated by service. The next report of examination is dated 10/30/20 and the history repeats origin of eye condition. The findings show vision 20/200 corrected to normal. Diagnosis compound myopic astigmatism. Ratings dated 11/26/20 and 1/13/21 continued previous rating and evaluation of 1/13/20. An examination dated 1/12/23 shows vision corrected to normal and diagnosis of compound myopic astigmatism and muscle imbalance. Based on this report and a review of evidence of record on 2/2/23 service connection for existent eye disability was severed. Facts further noted veteran received vocational training by reason of ratings made. No further prosecution of the claim was made and no evidence was submitted following action of 2/2/23 severing service connection.

In re-rating this case the eye disability noted by diagnoses given is congenital or developmental in origin and the original and subsequent ratings made confirming same granting a ten percent evaluation were clearly erroneous under the schedule then in use as well as later schedules, as the vision upon which evaluation was based was corrected to normal. As there is no new or material evidence in file since last rating action and as this Board concurs in the previous action of denial of service connection a rating is made in accordance with same bringing forward previous denial.



RATING SHEET

Claimant's name: **CELDON, Lynnewood**

C- 16 909

**C-2 Disability not incurred in or not shown to have been  
aggravated during service, Public No. 141, 73rd Congress,  
Reg. 1(a), Parts I & II, Para. 1(a).  
COMPOUND MYOPIC ASTIGMATISM AND MUSCULAR IMBALANCE. VISION  
CORRECTED TO NORMAL.**

**Representative D.A.V. appeared.**

BRANCH OFFICE COPY

(b) (6)

Rating Board No. 1 Veterans Administration R/6, New York, N. Y.



RATING WORK SHEET

REGIONAL OFFICE BAL #1

D.A.V.

Date of enlistment 6/26/16 Date 2/2/46  
Date and character of discharge 10/11/17 H.S.D. C No. 16909  
Occupational determination \_\_\_\_\_ (Name) Celdon, Lynne Wood  
Date of last examination 1/12/23 (Address) \_\_\_\_\_

Rate disabling diseases and injuries separately in order of severity. State each diagnosis and effective dates of each rating, employing only official codes designated by effective instructions.

2  
C.W.W.I. Compound myopic astigmatism and  
not 888. muscular intolerance. Vision  
26/100 corrected to normal.

A review of the facts of record in this case show a claim filed on 1/29/20 for eyes. The original A.G.O. records on file show on entering military service no defects noted. There is no record of disease or injury shown for this treatment during service and the notation at discharge shows Vision discharged by reason of myopia and myopic astigmatism 20/100 not

(b) (6)

memorandum concerning above ratings.

undetermined, started prior to enlistment, not  
in line of duty.

There is an initial examination in file  
dated 10/27/19 which shows by history given by  
patient that while on Mexican Border Service  
in Aug of 1916 he suffered blindness as a result  
of a sandstorm. The findings show vision  
20/70 bilateral corrected to normal. Diagnosis  
myopia. A Rating dated 4/13/20 and based  
on facts shown for rated shows a TIR 10% rating  
the eye disability held approximated by service. The  
next report of same is dated 10/30/20 and the  
history reflects origin of eye condition. The  
findings show vision 20/200 corrected to  
normal. Diagnosis. Compound myopic  
astigmatism. Ratings dated 11/26/20 and  
1/13/21 continued previous rating & evaluation  
of 11/13/20. An examination dated 1/12/23 shows  
vision corrected to normal and diagnosis of  
compound myopic astigmatism and muscle  
imbalance. Based on this report and a  
review of evidence found on 2/2/23 service  
connection for related eye disability was  
denied. Facts further noted below  
record of estimated training by means of  
ratings made. No further prosecution of the  
claim was made and no evidence was submitted



## RATING SHEET

Date 2/2/46

Claimant's name: CELDON, Lynnewood C- 16 909

Occupational determination \_\_\_\_\_

Dates enlisted 6/26/16 Dates discharged 10/11/17

Character of discharges Hon. SCD Dates of last examination 1/12/23

*In stating the ratings below, the effective Administration's Regulations and Instructions applicable shall be followed*

A review of the facts of record in this case show a claim filed in 1/29/20 for eyes. The original AGO records in file show on entering military service no defects noted. There is no record of disease or injury shown, or treatment during service and the notations at discharge shows veteran discharged by reason of myopia and myopic astigmatism, 20/100 right eye and 20/70 left eye, corrected to 20/40 cause undetermined, existed prior to enlistment, not in line of duty.

There is an initial examination on file dated 10/27/19 which shows by history given by veteran that while on Mexican Border service in August of 1916 he suffered blindness as a result of a sandstorm. The findings show vision 20/70 bilateral corrected to normal. Diagnosis myopia. A rating dated 1/13/20 and based on facts thus far cited shows a T.P. 10% rating, the eye disability held aggravated by service. The next report of examination is dated 10/30/20 and the history repeats origin of eye condition. The findings show vision 20/200 corrected to normal. Diagnosis compound myopic astigmatism. Ratings dated 11/26/20 and 1/13/21 continued previous rating and evaluation of 1/13/20. An examination dated 1/12/23 shows vision corrected to normal and diagnosis of compound myopic astigmatism and muscle imbalance. Based on this report and a review of evidence of record on 2/2/23 service connection for existent eye disability was severed. Facts further noted veteran received vocational training by reason of ratings made. No further prosecution of the claim was made and no evidence was submitted following action of 2/2/23 severing service connection.

In re-rating this case the eye disability noted by diagnoses given is congenital or developmental in origin and the original and subsequent ratings made confirming same granting a ten percent evaluation were clearly erroneous under the schedule then in use as well as later schedules, as the vision upon which evaluation was based was corrected to normal. As there is no new or material evidence in file since last rating action and as this Board concurs in the previous action of denial of service connection a rating is made in accordance with same bringing forward previous denial.

RATING SHEET

Claimant's name: CELDON, Lynnewood

C- 16 909

C-2 Disability not incurred in or not shown to have been aggravated during service, Public No. 141, 73rd Congress, Reg. 1(a), Parts I & II, Para. 1(a).  
COMPOUND MYOPIC ASTIGMATISM AND MUSCULAR IMBALANCE. VISION CORRECTED TO NORMAL.

Representative D.A.V. appeared.

(b) (6)



Rating Board No. 1 Veterans Administration B#6, New York, N. Y.



COPY  
RATING SHEET

Date 2-2-46

Claimant's name: CELDON, Lynnewood

C- 16 909

Occupational determination \_\_\_\_\_

Dates enlisted 6-26-16

Dates discharged 10-11-17

Character of discharges Hon.SCD

Dates of last examination 1-12-23

*In stating the ratings below, the effective Administration's Regulations and Instructions applicable shall be followed*

A review of the facts of record in this case show a claim filed in 1-29-40 for eyes. The original AGO records in file show on entering military service no defects noted. There is no record of disease or injury shown, or treatment during service and the notation at discharge shows veteran discharged by reason of myopia and myopic astigmatism, 20/100 right eye and 20/70 left eye, corrected to 20/40 cause undetermined, existed prior to enlistment, not in line of duty.

There is an initial examination on file dated 10-27-19 which shows by history given by veteran that while on Mexican Border service in August of 1916 he suffered blindness as a result of a sandstorm. The findings show vision 20/70 bilateral corrected to normal. Diagnosis myopia. A rating dated 1-13-20 and based on facts thus far cited shows a T.P. 10% rating, the eye disability held aggravated by service. The next report of examination is dated 10-30-20 and the history repeats origin of eye condition. The findings show vision 20/200 corrected to normal. Diagnosis compound myopic astigmatism. Rating dated 11-26-20 and 1-13-21 continued previous rating and evaluation of 1-13-20. An examination dated 1-12-23 shows vision corrected to normal and diagnosis of compound myopic astigmatism and muscle imbalance. Based on this report and a review of evidence of record on 2-2-23 service connection for existent eye disability was severed. Facts further noted veteran received vocational training by reason of ratings made. No further prosecution of the claim was made and no evidence was submitted following action of 2-2-23 severing service connection.

In rerating this case the eye disability noted by diagnoses given is congenital or developmental in origin and the original and subsequent ratings made confirming same granting a ten percent evaluation were clearly erroneous under the schedule then in use as well as later schedules, as the vision upon which evaluation was based was corrected to normal. As there is no new or material evidence in file since last rating action and as this Board concurs in the previous action of denial of service connection a rating is made in accordance with same bringing forward previous denial.



RECEIVED

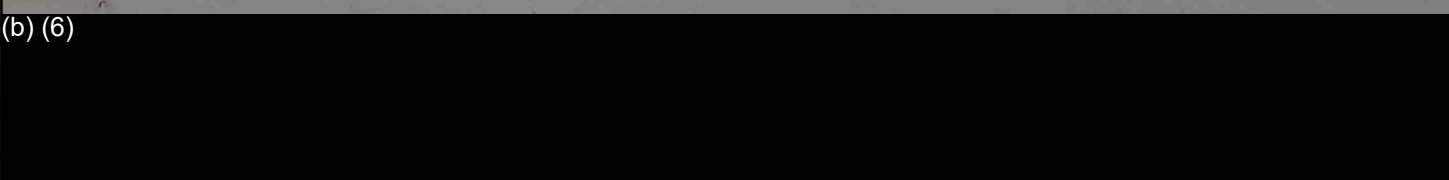
FEB 26 1946

ADJUDICATION GRP. 1  
WASH., D. C., R. O. #12  
VETS. ADM.



[Faint, mostly illegible typed text, likely a memorandum or letter, spanning several paragraphs.]

[Faint, mostly illegible typed text, likely a memorandum or letter, spanning several paragraphs.]



(b) (6)



## RATING SHEET

Claimant's name: CELDON, Lynnewood

C- 16 909

C-2 Disability not incurred in or not shown to have been  
aggravated during service, Public No. 141, 73rd Congress,  
Reg. 1(a), Parts I & II, Para. 1(a).  
COMPOUND MYOPIC ASTIGMATISM AND MUSCULAR IMBALANCE. VISION  
CORRECTED TO NORMAL.

Representative D.A.V. appeared

(b) (6)



RECEIVED  
FEB 26 1946  
ADJUTANT GEN. 1  
WASH. D. C. R. O. #12  
VETS. ADM.

RECEIVED





**VETERANS ADMINISTRATION**

FORM 4536

252 7th Avenue, New York 1, N. Y.

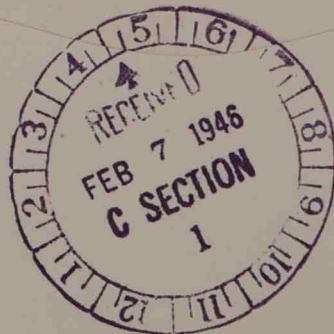
OFFICIAL BUSINESS

(PMGC)

Director  
Veterans Claims Service  
Veterans Administration  
Washington 25, D. C.

IMPORTANT

PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300



## RATING WORK SHEET

REGIONAL OFFICE \_\_\_\_\_

Date \_\_\_\_\_

Date of enlistment \_\_\_\_\_

C No. 16909

Date and character of discharge \_\_\_\_\_

(Name)

Occupational determination \_\_\_\_\_

(Address)

Date of last examination \_\_\_\_\_

Rate disabling diseases and injuries separately in order of severity. State each diagnosis and effective dates of each rating, employing only official codes designated by effective instructions.

finding active of 4/23 primary cause  
connection

In rating this case the eye disability  
which is diagnosed as congenital or  
developmental in origin and the original  
& subsequent ratings made confirming same  
granting a ten percent evaluation which  
clearly conforms under the schedule  
then in use as well as later schedule, as  
the basis upon which evaluation was based  
was correct to normal. As there  
is no new or material evidence in file  
since last rating action and as the

(b) (6)



Board concurs in the premise act  
of denial of same connection a ruling  
is made in accordance with same  
bringing forward premise denial.

46th Street & Lexington Avenue.

November 26, 1924

AD #2

16907

C-

Mr. Gynnwood Celdon,  
Elmira N.Y.

Dear Sir:

The "World War Veterans' Act, 1924" provides for the decentralization of claims folders from the District Office to the Regional Offices.

Accordingly, your claims folder has been forwarded to the Regional Office, U. S. Veterans' Bureau, Buffalo, N. Y.

All matters pertaining to your claims should, hereafter, be referred to the Regional Manager, U. S. Veterans' Bureau, Custom House, Seneca and Washington Streets, Buffalo, New York.

Very truly yours,

M. E. Head,  
District Manager.

RATING SHEET

Claimant's name: Celdon, Lynnewood  
543 Manhattan Ave.  
New York, N. Y.

Date March 20, 1928.  
ETO/sb

C- 16909

Dates Enlisted 6-26-16 Dates Discharged 10-11-17

Character of Discharges S.C.D. Date of last examination 1-12-23

Claimant's occupation at enlistment was Chauffeur.

If occupation is not listed in the Disability Rating Schedule, on what similar occupation is rating based? \_\_\_\_\_

*In stating the ratings below show the class of disease or injury (N. P., Resp., E. E. N. & T., etc.), percentage rating, effective dates, diagnosis, service connection, and occupational variant, in the order named, using the official code.*

(See back of this form.)

BENT: Condition is in the nature of a physical or mental inferiority, not a disease or injury within the meaning of the act. Existed prior to enlistment not noted at enlistment evidence in file shows clearly that the condition was not incurred in or aggravated by service.  
Compound myopic astigmatism.

Variant: yes # 7

Claimant not present.  
No re-examination requested.

Copy for Central Office  
Medical Division

(b) (6)



THE FOLLOWING SHEET

The following are examples of the manner in which the ratings are to be made:

N. P. \_\_\_\_\_ (% in figures) from \_\_\_\_\_, etc.

Incurred in or aggravated by service, as provided in Section 300, W.R.I. Act, as amended.

Total paralysis musculo-spiral nerve; major arm.

Variant: Arm, 5. (To be added for ratings after 1/1/26)  
(Where disability is incurred between  
4/6/17 and 7/2/21)

Resp.: No disability from date of separation from service to \_\_\_\_\_. From  
that date disability is \_\_\_\_\_ (% in figures) etc.

Held as incurred in or aggravated by service under the terms of the  
second proviso, Section 200, W.W.V.A., 1924, as amended.

Connected upon, etc.

Tuberculosis, pulmonary, active, moderately advanced.

Variant: Chest, 7.

2-11458

RATING SHEET

Date Feb. 2, 1923.  
CC/21

From: Rating Section, Medical Division  
Through:  
To: Claims Division and Rehabilitation  
Claimant's Name: CELDON, Lynnewood,  
Address: 1506 Tracy St.,  
Endicott, N. Y.

C- 16909

Based on all evidence in the file at the present time, it is my opinion that the disability of the claimant above mentioned should be rated as

RENT: Compound Myopic Astigmatism, and Muscular Imbalance.  
Temporary Partial 10% (ten) from date of discharge to Jan. 12/23.  
Existed prior to enlistment; not noted at time of enlistment; under Section 300 War Risk Insurance Act, held as contracted in service.  
BROUGHT FORWARD FOR RECORD ONLY: NOT CONCURRED IN.  
Not due to service per opinion Gen. Counsel, Re: Eye cases in Rating book Par. b.

(GC)

For REHABILITATION PURPOSES the claimant has \_\_\_\_\_ vocational handicap

due to \_\_\_\_\_  
which was incurred, increased, or aggravated while a member of the military or naval forces or traceable thereto as described in Section 2 of the Vocational Rehabilitation Act. Training is FEASIBLE ( ); TEMPORARILY NOT FEASIBLE ( );

(b) (6)

\_\_\_\_\_, M. D.

## ACTION OF CLAIMS DIVISION

Date....., 192  
Compensation of \$.....per month.....awarded, beginning....., 192  
Claimant is.....eligible for training under the Vocational Rehabilitation Act.

.....  
Chief, Claims Division.

By.....  
Claims Reviewer, Examiner, or  
Eligibility Officer.

## ACTION OF REHABILITATION DIVISION (REGISTRATION SECTION)

Date....., 192  
The claimant named on reverse side hereof is.....IN NEED OF VOCATIONAL  
REHABILITATION to overcome the handicap occasioned by service disability, and  
is, therefore, eligible for training under the provisions of Section.....of  
the Vocational Rehabilitation Act.

.....  
Chief, Rehabilitation Division.

By.....  
Registration Officer.

## (EXECUTE IN REGISTRATION SECTION)

Form 1303 (F. B. 703) has been countersigned by the Registration Officer,  
certifying the claimant as eligible for training under the provisions of  
Section.....of the Vocational Rehabilitation Act, and same forwarded, with copy  
of this form attached, to Subdistrict Office at .....  
on....., 192

(SUMMARY OF EVIDENCE CONSIDERED BY REGISTRATION OFFICER IN ARRIVING AT  
DECISION—SETTING OUT PHYSICAL IMPAIRMENTS; ABILITY OR INABILITY TO  
CARRY ON IN PRE AND POST-WAR OCCUPATIONS, AS WELL AS INVESTIGATIONS  
MADE BY SUBDISTRICT OFFICE).

c2-11394

Date....., 192



## RATING SHEET

Date Feb. 2, 1923.  
CC/ml

From: Rating Section, Medical Division  
Through:  
To: Claims Division and Rehabilitation  
Claimant's Name: CELDON, Lynnewood,  
Address: 1506 Tracy St.,  
Endicott, N. Y.

C- 16909

Based on all evidence in the file at the present time, it is my opinion that the disability of the claimant above mentioned should be rated as

SENT: Compound Myopic Astigmatism, and Muscular Imbalance.  
Temporary Partial 10% (ten) from date of discharge to Jan. 12/23.  
Existed prior to enlistment; not noted at time of enlistment; under Section 300 War Risk Insurance Act, held as contracted in service.  
BROUGHT FORWARD FOR RECORD ONLY: NOT CONCURRED IN.  
Not due to service per opinion Gen. Counsel, Re: Eye cases in Rating book Par. b.

(CC)

For REHABILITATION PURPOSES the claimant has.....vocational handicap

due to.....  
which was incurred, increased, or aggravated while a member of the military or naval forces or traceable thereto as described in Section 2 of the Vocational Rehabilitation Act. Training is FEASIBLE ( ); TEMPORARILY NOT FEASIBLE ( ); PERMANENTLY NOT FEASIBLE ( ). Indicate by X in parenthesis.

(b) (6)

D.

**ACTION OF CLAIMS DIVISION**

Compensation of \$\_\_\_\_\_per month\_\_\_\_\_awarded, beginning\_\_\_\_\_, 192  
Date\_\_\_\_\_, 192  
Claimant is\_\_\_\_\_eligible for training under the Vocational Rehabilitation Act.

\_\_\_\_\_  
Chief, Claims Division.

By\_\_\_\_\_  
Claims Reviewer, Examiner, or  
Eligibility Officer.

**ACTION OF REHABILITATION DIVISION**  
(REGISTRATION SECTION)

Date\_\_\_\_\_, 192  
The claimant named on reverse side hereof is\_\_\_\_\_IN NEED OF VOCATIONAL  
REHABILITATION to overcome the handicap occasioned by service disability, and  
is, therefore, eligible for training under the provisions of Section\_\_\_\_\_of  
the Vocational Rehabilitation Act.

\_\_\_\_\_  
Chief, Rehabilitation Division.

By\_\_\_\_\_  
Registration Officer.

(EXECUTE IN REGISTRATION SECTION)

Form 1303 (F. B. 703) has been countersigned by the Registration Officer,  
certifying the claimant as eligible for training under the provisions of  
Section\_\_\_\_\_of the Vocational Rehabilitation Act, and same forwarded, with copy  
of this form attached, to Subdistrict Office at \_\_\_\_\_  
on\_\_\_\_\_, 192

(SUMMARY OF EVIDENCE CONSIDERED BY REGISTRATION OFFICER IN ARRIVING AT  
DECISION—SETTING OUT PHYSICAL IMPAIRMENTS; ABILITY OR INABILITY TO  
CARRY ON IN PRE AND POST-WAR OCCUPATIONS, AS WELL AS INVESTIGATIONS  
MADE BY SUBDISTRICT OFFICE).

o2-11394

Date\_\_\_\_\_, 192

## RATING SHEET

Date Feb. 2, 1944  
CC/21

From: Rating Section, Medical Division  
Through:  
To: Claims Division and Rehabilitation  
Claimant's Name: CHILSON, Lynwood,  
Address: 1206 Tracy St.,  
Madison, N. Y.

C- 10909

Based on all evidence in the file at the present time, it is my opinion that the disability of the claimant above mentioned should be rated as

**REMARKS:** Compound Myopic Astigmatism, and Muscular Imbalance.  
Temporary Partial 10% (ten) from date of discharge to Jan. 11/23.  
Existed prior to enlistment; not noted at time of enlistment; under  
Section 300 War Risk Insurance Act, held as contracted in service.  
BROUGHT FORWARD FOR RECORD ONLY; NOT CONCERNED IN.  
Not due to service per opinion Gen. Counsel, Not Hyn cases in Rating  
book Par. 5.

(CC)

For REHABILITATION PURPOSES the claimant has \_\_\_\_\_ vocational handicap  
due to \_\_\_\_\_

which was incurred, increased, or aggravated while a member of the military or  
naval forces or traceable thereto as described in Section 2 of the Vocational  
Rehabilitation Act. Training is FEASIBLE ( ); TEMPORARILY NOT FEASIBLE ( );

(b) (6)



ACTION OF CLAIMS DIVISION

Compensation of \$\_\_\_\_\_per month\_\_\_\_\_awarded, beginning \_\_\_\_\_, 192  
Date\_\_\_\_\_, 192  
Claimant is\_\_\_\_\_eligible for training under the Vocational Rehabilitation Act.

\_\_\_\_\_  
Chief, Claims Division.

By\_\_\_\_\_  
Claims Reviewer, Examiner, or  
Eligibility Officer.

ACTION OF REHABILITATION DIVISION  
(REGISTRATION SECTION)

The claimant named on reverse side hereof is\_\_\_\_\_IN NEED OF VOCATIONAL  
Date\_\_\_\_\_, 192  
REHABILITATION to overcome the handicap occasioned by service disability, and  
is, therefore, eligible for training under the provisions of Section\_\_\_\_\_of  
the Vocational Rehabilitation Act.

\_\_\_\_\_  
Chief, Rehabilitation Division.

By\_\_\_\_\_  
Registration Officer.

(EXECUTE IN REGISTRATION SECTION)

Form 1303 (F. B. 703) has been countersigned by the Registration Officer,  
certifying the claimant as eligible for training under the provisions of  
Section\_\_\_\_\_of the Vocational Rehabilitation Act, and same forwarded, with copy  
of this form attached, to Subdistrict Office at \_\_\_\_\_  
on\_\_\_\_\_, 192

(SUMMARY OF EVIDENCE CONSIDERED BY REGISTRATION OFFICER IN ARRIVING AT  
DECISION—SETTING OUT PHYSICAL IMPAIRMENTS; ABILITY OR INABILITY TO  
CARRY ON IN PRE AND POST-WAR OCCUPATIONS, AS WELL AS INVESTIGATIONS  
MADE BY SUBDISTRICT OFFICE).

c2-11394

Date\_\_\_\_\_, 192

## RATING SHEET

Date Feb. 11, 1968.  
cc/51

From: Rating Section, Medical Division  
Through:  
To: Claims Division and Rehabilitation  
Claimant's Name: GILSON, Lynnwood,  
Address: 1806 Tracy St.,  
Endicott, N. Y.

C- 16909

Based on all evidence in the file at the present time, it is my opinion that the disability of the claimant above mentioned should be rated as

NOTE: Compound Myopic Astigmatism, and Muscular Imbalance. ( )  
Temporary Partial 10% (ten) from date of discharge to Jan. 12/23.  
Existed prior to enlistment; not noted at time of enlistment; under  
Section 300 War Risk Insurance Act, held as contracted in service.  
BROUGHT FORWARD FOR RECORD ONLY; NOT CONCURRED IN.  
Not due to service per opinion Gen. Counsel, Re: Eye cases in Rating  
book Par. b.

(cc)

For REHABILITATION PURPOSES the claimant has.....vocational handicap

due to.....  
which was incurred, increased, or aggravated while a member of the military or  
naval forces or traceable thereto as described in Section 2 of the Vocational  
Rehabilitation Act. Training is FEASIBLE ( ) TEMPORARILY NOT FEASIBLE ( ) ;

(b) (6)

M. D.

**ACTION OF CLAIMS DIVISION**

Compensation of \$\_\_\_\_\_per month\_\_\_\_\_awarded, beginning \_\_\_\_\_, 192  
Claimant is\_\_\_\_\_eligible for training under the Vocational Rehabilitation Act.

\_\_\_\_\_  
Chief, Claims Division.

By\_\_\_\_\_  
Claims Reviewer, Examiner, or  
Eligibility Officer.

**ACTION OF REHABILITATION DIVISION**  
(REGISTRATION SECTION)

The claimant named on reverse side hereof is\_\_\_\_\_Date\_\_\_\_\_, 192  
IN NEED OF VOCATIONAL  
REHABILITATION to overcome the handicap occasioned by service disability, and  
is, therefore, eligible for training under the provisions of Section\_\_\_\_\_of  
the Vocational Rehabilitation Act.

\_\_\_\_\_  
Chief, Rehabilitation Division.

By\_\_\_\_\_  
Registration Officer.

(EXECUTE IN REGISTRATION SECTION)

Form 1303 (F. B. 703) has been countersigned by the Registration Officer,  
certifying the claimant as eligible for training under the provisions of  
Section\_\_\_\_\_of the Vocational Rehabilitation Act, and same forwarded, with copy  
of this form attached, to Subdistrict Office at \_\_\_\_\_  
on\_\_\_\_\_, 192

(SUMMARY OF EVIDENCE CONSIDERED BY REGISTRATION OFFICER IN ARRIVING AT  
DECISION—SETTING OUT PHYSICAL IMPAIRMENTS; ABILITY OR INABILITY TO  
CARRY ON IN PRE AND POST-WAR OCCUPATIONS, AS WELL AS INVESTIGATIONS  
MADE BY SUBDISTRICT OFFICE).

c2-11394

Date\_\_\_\_\_, 192



Mar. 25, 2025 7:30AM

CEDON LYNNWOOD GARLANDI

Pvt Hq Co 165 Inf

252 St Marks Pl New York NY

Su

12-4-61

11-3-97

8-3-17

10-11-17

VETERANS ADMINISTRATION  
Form 7802—Rev. Sept., 1931

MASTER INDEX CARD

3-12000

WAR DEPARTMENT  
THE ADJUTANT GENERAL'S OFFICE

IN REPLY  
REFER TO

A.G. 201 Celdon, Lynnewood G.  
(9-30-37) WW

WASHINGTON

FS:ah  
1-206

October 5, 1937.

Mr. Lynnewood G. Celdon,  
Apartment 4,  
67 West 96th Street,  
New York, New York.


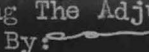
Dear Sir:

I have your letter of September 30, 1937, in which it appears that you are having difficulty in obtaining employment because of the fact that your certificate of discharge indicates that you were a member of the National Guard only.

The records show that Lynnewood G. Celdon enlisted June 26, 1916, in Company C, 71st Infantry, New York National Guard, and was mustered into the Federal service the same date; that he served on the Mexican Border, and was mustered out of Federal service October 6, 1916, as a private. He again reported for duty March 26, 1917, as a private, Company C, 71st Infantry, New York National Guard; was transferred August 22, 1917, to the 165th Infantry, and was honorably discharged by reason of disability October 11, 1917, a private, Headquarters Company, 165th Infantry, which was then a unit in the Army of the United States.

It is suggested that the original certificate of discharge furnished to you October 11, 1917, be forwarded to this office so that the Department can determine whether the proper form was furnished.

Very truly yours,

  
Brigadier General,  
Acting The Adjutant General.  
By: 



## The Seal of the United States Department of State, featuring an eagle with wings spread, holding an olive branch and arrows, with a shield on its chest and a constellation of stars above its head.

To all whom it may concern:

NATIONAL GUARD <sup>Army</sup> of the UNITED STATES ~~of the State of~~

Given under my hand at New York this  
11<sup>th</sup> day of October, one thousand nine hundred and nineteen

Charles Hine

Colonel, 165<sup>th</sup> Infantry  
Commanding.

Form No. 526-1, A. G. O.  
(For National Guard.)  
Ed. Mar. 1-17-10,000.

\*Insert grade and company and regiment or corps or department; e. g., "Sergeant, Company A, 1st New York Infantry;" "Corporal, Georgia Quartermaster Corps;" "Private, First Class, Illinois Ordnance Department."  
 †Insert "National Guard" or "National Guard Reserve," as the case may be.  
 ‡State fully actual cause of discharge, giving number, date, and source of order or description of authority therefor.

3-3967







# ENLISTMENT RECORD.

Name: Hyunuswood P. Alden Grade: Private  
 Enlisted June 22, 1916, at New York, N.Y.  
 \*In the service of the United States, under call of the President, from 1916 to

Serving in First enlistment period at date of discharge.  
 Prior service: † None

Noncommissioned officer: None

Marksmanship, gunner qualification or rating: † Not qualified

Horsemanship: Not mounted

Battles, engagements, skirmishes, expeditions: None

Washington, D. C. AUG 22 1919

Paid \$30 under Act of Congress, approved February 24th, 1919.

C. E. GRAY,  
Major, U. S. Corps.

Knowledge of any vocation: Chauffeur

Wounds received in service: None

Physical condition when discharged: Good

Typhoid prophylaxis completed July 16, 1916

Paratyphoid prophylaxis completed Sept. 20, 1916

Married or single: Single

Character: Very Good. I certify to character as given Walter P. Jones Capt. 115<sup>th</sup> Infantry

Remarks: Mexican Border Service 1916 (date not of record) Drafted Aug. 5/17. Reported as missing. Discharged by U.S. War. 26/17. Mustered into Federal service New York N.Y. Mar. 29, 1917. Transferred from Co. 11<sup>th</sup> 115<sup>th</sup> Inf. to Co. 15<sup>th</sup> 115<sup>th</sup> Inf. Aug. 22/17. After Aug. 11/17. Entitled to travel allowance. Also, all allowances.

Signature of soldier: Hyunuswood P. Alden

Is not recommended for reenlistment.

CAMP A. L. MILLS  
GARDEN CITY, L. I. N.Y.  
OCT 12 1917

Walter P. Jones

Captain 115<sup>th</sup> Infantry

Commanding Reg. Co.

\*Strike out line if the soldier was not in the Federal service during this enlistment.  
 † Give company and regiment or corps or department, with inclusive dates of service in each enlistment.  
 ‡ Give date of qualification or rating and number, date, and source of order awarding same.









**CERTIFICATE OF GRADUATION**  
IN HIS EMPLOYMENT OBJECTIVE  
ISSUED TO A  
**VETERAN OF THE WORLD WAR**  
BY THE  
**UNITED STATES VETERANS BUREAU**  
WASHINGTON, D.C.

*This is to certify that*  
*Lynnewood G. Celdon*  
*New York, N.Y.*

*employment objective Reporter and Staff Photographer*  
*has successfully completed the course prescribed and*  
*is hereby declared rehabilitated.*

*George E. Brown*  
DIRECTOR, VETERANS CLAIMS SERVICE

*O. W. Clark*  
ASSISTANT ADMINISTRATOR, O. W. CLARK

*E. B. Gummery*  
INSPECTOR MANAGER  
*Lynnewood G. Celdon*  
SIGNATURE OF TRAINEE

*Training*  
*Completed*  
*Feb. 2, 1923*





COMPENSATION AND INSURANCE CLAIMS DIVISION

Abstract of Certificate of Discharge U. S. Army (or Navy) February 20, 1920.  
G-16909.

NAME Lynewood G. Celdon,  
RANK AND ORGANIZATION Pvt., Hdqrs.Co., 165th Inf.,  
INDUCTED June 26, 1916, at New York City, New York.  
BIRTH PLACE New York City, New York AGE 18  
EYES Gray. HAIR Black COMPLEXION Fair. HEIGHT 5' 9-3/4"  
KNOWLEDGE OF VOCATION Chauffeur.  
PHYSICAL CONDITION WHEN DISCHARGED Poor  
MARRIED OR SINGLE Single.  
REASON FOR DISCHARGE Surgeon's Certificate of disability, not in line of duty  
Existed prior to enlistment. Defective vision per 4th Indt. Rq. 42nd Div. 10-9-17.  
WOUNDS RECEIVED IN SERVICE None.  
BATTLES, SKIRMISHES, ENGAGEMENTS, EXPEDITIONS None.  
DATE OF DISCHARGE October 11, 1917.  
PLACE OF DISCHARGE Camp Albert W. Mills, New York.  
PRIOR SERVICE None.  
NUMBER OF LAST ENLISTMENT First.  
LINE OF DUTY No  
REMARKS Mexican Border Service 1916 (dates not of record) Drafted Aug.  
5, 1917. Reported to Bendatons, New York N.Y. Mar. 26, 1917. Mustered into Federal Se  
service New York, N.Y., Mar. 29, 1917. Transferred from Co. 1, 71st N.Y. Inf. to  
Hqrs. Div. 8-1-17. Entitled to travel pay No. AWOL

I hereby certify this to be a True Copy.

Soldier paid \$60.00 bonus.

Name.....

Title.....

The information called for in the items of this form should be copied verbatim from the original certificate of discharge and should be complete in every respect.

11w. RECORD OF PRIOR SERVICE MUST BE ACCURATELY RECORDED ABOVE.  
C. C. FORM 545.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION





C \_\_\_\_\_

## DENTAL WORK SHEET

---

Code No.

Pyorrhea

Vincent's Stomatitis

Carious	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Teeth	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Missing	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Teeth	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

A. G. O.

Affidavits—Dates

Date

Dental Examiner

# TRAINEE

Service connection and rating Not a service disability. Glasses necessary to maintain man  
in training.

[illegible]



## DEBIT

## CREDIT

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Dr. Geo. M. Case  
Dr. T. J. Burke  
Elmira, N. Y.

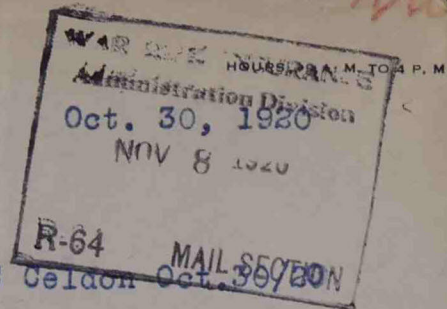
*Dr. Lloyd Jones*

TO WHOM IT MAY CONCERN

This is to certify that we examined Mr. Lynwood C Celdon and found he has less than 20/200 vision in either eye or about 1/10 vision. He does not wear glasses but with use of same has very nearly normal vision. The defect that he has is compound myopic astigmatism. Cannot find any disease of the eyes. He states that before he entered the service his vision was normal and that he passed the required tests and was not aware that he had a defective vision. It is possible that the stigmatism was caused by exposure in the army service but we are not able to state that such was the case.

*copy on  
memo*

*you must  
Geo M Case*



# AWARD OR DISALLOWANCE SHEET

Check applicable box and complete Section I or Section II as appropriate.

☒ BURIAL ALLOWANCE ☐ ACCRUED AMOUNT PAYABLE AS REIMBURSEMENT ☐ DISALLOWANCE  
NOTE. Do not complete items 4, 5, 6, 11, and 13 except when burial allowance is awarded.

1. STATION NO.

3072

2. LAST NAME—FIRST NAME—MIDDLE NAME OF DECEASED VETERAN

Celdon Lynnewood

3. CLAIM NO.

XC-16909

7. DATE CLAIM FILED

2-27-62

4. PERIOD OF ACTIVE SERVICE

4A. FROM

4B. TO

6-26-16

10-11-17 112-4-61

5. DATE OF DEATH

6. DID DEATH OCCUR IN VA HOSPITAL

☐ YES ☒ NO

8. LAST NAME—FIRST NAME—MIDDLE INITIAL OF DECEASED BENEFICIARY

9. RELATIONSHIP TO VETERAN

10. DATE OF BENEFICIARY'S DEATH

11. TYPE OF DECEASED VETERAN'S SERVICE (Complete only if burial allowance is awarded)

11A. WARTIME SERVICE (Check applicable box(es))

☐ KOREAN CONFLICT

☐ WORLD WAR II

☒ WORLD WAR I

☐ SPANISH-AMERICAN WAR

☐ OTHER (Specify)

11B. PEACETIME SERVICE

☐ DISCHARGED FOR DISABILITY INCURRED IN LINE OF DUTY OR WAS IN RECEIPT OF COMPENSATION FOR A SERVICE-CONNECTED DISABILITY AT TIME OF DEATH

## SECTION I—AWARD

Payee is entitled to an award under provisions of laws checked in item 12 or 14.

12. BURIAL LAWS (Check applicable box)

☒ 38 U.S.C. 902-905

☐ OTHER (Specify)

14. ACCRUED LAWS (Check applicable box)

☐ 38 U.S.C. 3021 AND 3022

☐ OTHER (Specify)

13. CLASS OF BURIAL AWARD

☒ INITIAL AWARD

☐ SUBSEQUENT AWARD

15. AMOUNT OF BURIAL OR ACCRUED AWARD PAYEE ENTITLED TO

\$ 250.00

(FOR FINANCE USE ONLY)

SUB. VOUCHER NO.

16. REMARKS (Identify by Item No.)

17. NAME AND ADDRESS OF PAYEE (Or Claimant)

Mrs. Florence W. Celdon  
239 East Elder Street  
Cumberland, Maryland

## SECTION II—DISALLOWANCE

Claim considered under applicable laws and disallowed.

19. REASONS FOR DISALLOWANCE (Check applicable box(es))

☐ A. DECEASED WAS NOT VETERAN OF ANY WAR

☐ D. DIED IN SERVICE

☐ H. BURIAL ALLOWANCE AUTHORIZED BY OTHER GOVERNMENT AGENCY

☐ B. NOT DISCHARGED OR RETIRED FROM PEACETIME SERVICE FOR DISABILITY INCURRED IN, OR AGGRAVATED BY, SERVICE IN LINE OF DUTY AND NOT IN RECEIPT OF COMPENSATION FOR SERVICE-CONNECTED DISABILITY

☐ E. CLAIM NOT FILED WITHIN THE STATUTORY PERIOD

☐ I. NOT THE PROPER CLAIMANT

☐ F. EVIDENCE TO COMPLETE CLAIM NOT FURNISHED WITHIN THE STATUTORY PERIOD

☐ J. OTHER REASONS (Explain fully under "Remarks")

☐ C. CHARACTER OF DISCHARGE IS A BAR

☐ G. TOTAL BURIAL EXPENSES PAYABLE FROM BURIAL BENEFIT FROM OUTSIDE SOURCE

20. DATE SUBMITTED

3-1-62

21. SIGNATURE OF REIMBURSEMENT CLAIMS EXAMINER

H. G. Shores

22. DATE APPROVED

3/5/62

23. SIGNATURE OF REIMBURSEMENT CLAIMS REVIEWER

P. N. Young

NAME AND ADDRESS OF PERSONS TO BE NOTIFIED OF ACTION (Other Than Claimant)

H. G. Shores

Attorneys at Law

Keyser, West Virginia

CODED

P. N. Young

NAME

MAR 6 1962

VA FORM 21-4189 AUG 1959

EXISTING STOCK OF VA FORM 21-4189, APR 1958, WILL BE USED.

U.S. GOVERNMENT PRINTING OFFICE : 1959 OF-518645

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION





VETERANS ADMINISTRATION  
VETERANS BENEFITS OFFICE  
MUNITIONS BUILDING  
WASHINGTON 25, D.C.

IN REPLY REFER TO:

Mrs. Florence W. Celdon  
239 East Elder Street  
Cumberland, Maryland

XC-16 909  
CELDON, Lynnewood  
3072/211

Dear Mrs. Celdon:

An award, covering the item designated below by an "X" mark, has been approved and a check covering this amount will be mailed to you.

- ☒ 1. An allowance of \$250.00  
covering funeral and burial expenses of the veteran.

IMPORTANT - WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

- ☐ 2. An accrued amount  
due as reimbursement of the expenses of the last sickness and burial of

CODED

MAR 6 1962

D. N. YOUNG  
NAME

Very truly yours,

cc: H. G. Shores  
Attorney at Law  
Keyser, West Virginia

A. VALORE  
Adjudication Officer

ce

FL VB8-143  
Jan 1956(R)

Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

## AIRCRAFT OWNERS AND PILOTS ASSOCIATION

Please Print or Type All Information

AOPA No. 90917AOPA Membership Expiration 7-11-57Date Nov. 23, 1957Do Not Fill In NOV 26 1957

Name of Member:		Date of Birth	
Celdon Lynnewood G.		11/3/97	
Last	First	Middle Initial	Month Day Year

Address:

1301 Ligonier St. Latrobe Pennsylvania

Street	City	State
Name of Beneficiary:	Relationship	Member's Occupation
Celdon Florence W.	Wife	Daily Newspaper Editor
Last	First	Middle Initial

Date of Current Airman's Medical Certificate	Total Solo Hours	Type of Pilot's License and Ratings
2/22/57	700	Private

Name & Address of Examiner: D. B. L. JARMAN - KST. N.W. WASH. DC

AMOUNT OF INSURANCE - - - \$ 5 , 0 0 0

Premium

Contribution: Quarterly, \$15.00 - Semi-Annual, \$30.00 - Annual, \$60.00

The policy hereby applied for is for Term Insurance Renewable for Five Year Periods to Age 65 issued only for aircraft pilots licensed by the United States Civil Aeronautics Administration who at date of issue are members of AOPA. It is understood that as long as (1) I am an AOPA member, (2) I am under age 65, and (3) I have an Airman's Certificate and current Medical Certificate in force, the Administrator of the AOPA Life Insurance Plan will pay premiums and be entitled to the dividends on the policy, and I will pay to the Administrator toward such premiums the rate of premium contribution checked above. The rate of premium contribution may be changed by the Administrator upon notice mailed to me not less than thirty-one days prior to a contribution due date fixed by the Administrator. When I am no longer entitled to make premium contributions as herein provided, I will pay the premiums stated in the policy direct to The Minnesota Mutual Life Insurance Company.

To the best of my knowledge, my present physical condition qualifies me for flight activities pursuant to the requirements of my Airman's Certificate.

Nov. 23

Date

19 57

Signature of Member

Send to:

FLOYD M. DRURY, ADMINISTRATOR

P. O. BOX 5960

WASHINGTON 14, D. C.

0-3-53  
 PREMIUM DUE NOTICE WILL CONTINUE ON YOUR REGULAR PREMIUM PAYMENT CYCLE.  
 (12/57)



# CREDENTIALS

250

TO THE  
SECOND NATIONAL CONVENTION  
OF THE

## Disabled American Veterans of the World War

SAN FRANCISCO, CAL.  
JUNE 26th TO 30th, 1922

This is to Certify, That Lynnwood J. Eldon of

INSERT NAME OF DELEGATE

1055 Lincoln St. Elmsia New York

INSERT FULL ADDRESS OF DELEGATE

has been duly elected as Voting Delegate

INSERT WHETHER A VOTING OR AN HONORARY DELEGATE OR ALTERNATE (SPECIFY WHICH)

to the Second National Convention of the Disabled American Veterans, at San Francisco, Cal., June 26-30, 1922, to represent

Elmsia, New York

INSERT NAME OF CHAPTER

Chapter No. 13 of

The Disabled American Veterans of the World War, in accordance with the conditions prescribed by the National Executive Committee of the Disabled American Veterans, and is entitled to the full respect and authority which these credentials warrant.

In Witness Whereof, The Executive Committee of

Elmsia

Chapter No. 13

of the Disabled

American Veterans, has caused these Credentials to be signed by the Commander and Adjutant, thereunto lawfully authorized,

this Second day of June 1922.

The Elmsia

Chapter No. 13

of

The Disabled American Veterans of the World War.

By Lynnwood J. Eldon  
COMMANDER

Countersigned by

Stuart Hutchinson

ADJUTANT

(3) Walsh





In the Name of the Father, and of the Son,  
and of the Holy Ghost. Amen.



# This is to Certify

That Lynwood Galidie Eldon  
received the Apostolic Rite of Laying on of Hands,

at a Confirmation, holden in  
St Pauls Church Spring Valley N.Y.

By the Right Reverend Father in God,  
Charles Sumner Burch D.D. L.L.D.

Bishop of Suffragan of New York  
on Sunday September 28th

In the Year of Our Lord 1913  
Wm. T. Heare A.D. Rector

The Dale E. Ranck Funeral Service

127 NORTH FRONT STREET  
MILTON, PA.



TO Mrs. Lorence Selby  
Milton, Pa.

FOR THE FUNERAL EXPENSES OF

Lynwood L. Selby  
Dec. 7 1961

RECEIVED PAYMENT in full  
Dec. 28 1961  
Dale E. Ranck

Exhibit No. 3

ITEMIZED ACCOUNT ON INSIDE PAGE



Payments:

Dec. 28, 1961 by Mrs. Eldon # 805. -  
10. -  
has refused

# 795. -

CASKET ASSELECTED, PROFESSIONAL SERVICES INCLUDING EM-  
BALMING AND PREPARATION, REMOVAL, USE OF EQUIPMENT,  
ASSISTANTS AND ALL SERVICES IN THE ARRANGING, CARE AND  
DIRECTION OF FUNERAL.

695. -

OUTSIDE CASE

VAULT

CLOTHING

Hearse to Rocky Spring, N. Va.

95. -

790. -

CASH DISBURSEMENTS:

For your convenience we have advanced cash for the following:

GRAVE

OPENING

DECORATING

TENT

MATTING

CREMATORY CHARGES

HEARSE

AUTO

TELEGRAMS

TELEPHONE

CLERGYMAN

DOOR GARLAND

MISCELLANEOUS

5 Certified Death Certificates

5. -

TOTAL CASH DISBURSED \$

TOTAL \$

5. -

795. -



# PARKS-JOHNSON FUNERAL HOMES

BERKELEY SPRINGS, W. VA.

Phone 102

PAW PAW, W. VA.

Phone Wilson 7-4651



December 15, 1961

ESTATE:  
Lynnewood G. Celdon,  
619 N. Front Street,  
Milton, Pa.,

(Funeral services Mr Lynnewood G. Celdon, DECEASED)

Receiving remains for delivery to Paw Paw, W. Va.  
for funeral services and use of chapel and mortuary  
services.

Wilbert Burial Vault  
W. Va. Consumers tax  
Complete Mortuary account

*Opening Closing grave*

\$ 125.00
190.00
8.70
<u>\$ 323.70</u>
30.00
<u>\$ 353.70</u>

PAID

PARKS FUNERAL HOME

Per. *[Signature]*

Date *1-2-62*

Exhibit No. 4







State of West Virginia,  
County of Mineral, to-wit:

This day, before me, the undersigned Notary Public, in and for the County of Mineral, in said state, Florence W. Celdon, who is now temporarily residing at 239 East Elder Street, Cumberland, Allegany County, Maryland, being first duly sworn, upon her oath states that her husband, Lynwood G. Celdon lately of Milton, Northumberland County, Pennsylvania, departed this life on December 4, 1962, as will appear from a photostat attached herewith and known as Exhibit No. 1; that heretofore the said husband on November 28th, 1957 took out a policy of insurance with The Minnesota Mutual Life Insurance Company, which was Policy Number 3044 and this affiant was named beneficiary therein and said company paid unto this affiant \$5,000.00, a photostat of said policy is hereto attached and known as Exhibit No. 2; that from this insurance this affiant paid unto The Dale E. Rauck Funeral Service of 127 North Front Street, Milton, Pa., a total of \$795.00, a photostat is filed and to be known as Exhibit No. 3; and that she further paid out to Parks-Johnson Funeral Homes of Paw Paw, W. Va., a further funeral charge of \$353.70, and a photostat is herewith filed as Exhibit No. 4.

Affiant therefore seeks to have paid to her at least the amount of \$250.00, this being supplemental to the "Application for Burial Allowance".

Florence W. Celdon  
Florence W. Celdon

Taken, sworn to and subscribed and my notarial seal affixed this the 26th day of February, 1962. My commission expires August 8, 1962.

Howard P. Shores  
Notary Public

H. G. SHORES  
HOWARD P. SHORES  
ATTORNEYS AT LAW  
KEYSER, W. VA.







# The MINNESOTA MUTUAL LIFE INSURANCE COMPANY

(ORGANIZED 1880)

Hereby agrees to the terms and conditions contained in this Policy issued to a member of

AIRCRAFT OWNERS AND PILOTS ASSOCIATION



Number <b>3044</b>	Insured * * * LYNNEWOOD G. CELDON - 90917 * *	Age at Issue 60
Date of Issue November 26, 1957	Amount of Insurance * * * \$5,000. * * *	
Beneficiary and Relationship to Insured * * * FLORENCE W. CELDON, Wife * * *		

THIS POLICY SUPERCEDES GROUP CERTIFICATE NO. 1247-G (90917)

The Company will pay to the beneficiary the amount of insurance specified above immediately upon receipt of due written proof of the death of the Insured occurring while this policy is in full force.

This policy is issued in consideration of the application therefor and the timely payment of the premiums specified herein. If any premium is not paid when due or within the grace period, this policy shall lapse as of the date when the defaulted payment was due and, except as herein otherwise provided, shall become void and without value. Premiums and premium periods are shown on page 3.

The Benefits and Provisions printed or written by the Company on the following consecutively-numbered pages are a part of this policy as fully as if they were recited at length over the signatures hereto.

IN WITNESS WHEREOF, The Minnesota Mutual Life Insurance Company has caused this policy to be executed at its Home Office in Saint Paul, Minnesota, on the date of issue stated above.

*Alan D. Harmer*  
Secretary

Countersigned by

*Frank W. Denny*  
Registrar

*Charles J. Denny*  
President

TERM INSURANCE RENEWABLE FOR FIVE YEAR PERIODS TO AGE 65  
EXTENDED INSURANCE IN EVENT OF DISABILITY—ANNUAL DIVIDENDS  
WAR RISK EXCLUSION

F. 773.1 Page 1  
(3-54)

Exhibit No. 2





**EXTENDED INSURANCE.** If the Insured, before his sixtieth birthday and while this policy is in force, becomes totally disabled as a result of bodily injury or disease so as to be wholly prevented from performing any work or engaging in any occupation for remuneration or profit, and if the Insured dies within one year after discontinuance of premium payments for this policy and while remaining continuously so disabled, then, upon receipt of due proof of such disability and death, the Company will pay the amount of insurance stated on page one hereof under this section of the policy, unless claim is otherwise established based upon the Insured's death during the thirty-one day grace period allowed for the payment of premiums.

If the Insured has become totally disabled under the conditions stated above and then, not later than one year after discontinuance of premium payments for this policy, furnishes written proof to the Company at its Home Office that such total disability has existed continuously for a period of not less than nine months, the insurance hereunder will be extended during the further continuance of total and permanent disability until one year from the date on which such proof was received.

The insurance hereunder will be extended again during the continuance of total and permanent disability for successive periods of one year each provided written proof of such continuance is submitted to the Home Office of the Company within three months immediately preceding the beginning of each such year.

The Company shall have the right and opportunity to have medical examiners designated by it examine the person of the Insured when and as often as it may reasonably require during the Insured's disability, but not more than once each year after insurance has been extended under this provision for two full years. Without regard to other causes of disability and notwithstanding anything herein contained, total and permanent disability will be acknowledged and recognized to exist if the employee has suffered the entire and irrecoverable loss of sight of both eyes, or the loss by severance of both hands above the wrists, or both feet above the ankles, or one hand above the wrist and one foot above the ankle.

In the event of the death of the Insured, the Company shall be liable under these provisions only if written notice of claim is given at the Home Office of the Company within one year from the date of the Insured's death. Payment hereunder will be made to the beneficiary.

If the Insured has furnished proof that he is totally and permanently disabled but nevertheless becomes able again to perform some work or to engage in some occupation for remuneration or profit, or if the Insured remains totally and permanently disabled but refuses to be examined as required above, or fails to furnish within the time allowed proof of the continuance of total and permanent disability, the insurance under this provision shall terminate on the next succeeding anniversary of this policy. Thereupon, the Insured, if then under age sixty-five, may continue this policy in force through the payment of premiums required hereunder, or, if then age sixty-five or over, shall be entitled to the same rights and privileges under the "Conversion Privilege" section as are provided at expiration of the policy on the policy anniversary nearest the Insured's 65th birthday.

The above Extended Insurance benefit is granted without specific extra premium, the cost thereof being included in the premium for the policy.

**OPTIONAL SETTLEMENT.** The Insured or, after the Insured's death, the beneficiary, by written notice to the Company may elect to have the whole or any part of the proceeds of the policy paid in fixed monthly installments according to the accompanying table, the first installment to be paid immediately upon receipt of due proof of death. To effectuate any such election the policy must be appropriately endorsed, or a supplementary contract issued, by the Company. The monthly installments shown in the table are based upon an interest rate of  $2\frac{1}{2}\%$  per annum, compounded annually. In addition, there will be paid such excess interest as the Company may from year to year declare.

Should any beneficiary die before payment of all the installments to which such beneficiary may be entitled and there be no beneficiary living to receive the installments remaining unpaid at the death of such beneficiary, the remaining installments shall be commuted into one sum at  $2\frac{1}{2}\%$  interest per annum, compounded annually, and paid to the executors, or administrators of such deceased beneficiary.

**CONVERSION.** If, at any time within thirty-one days after a premium due date hereunder, the Insured shall request that this policy be terminated, he shall then be entitled to convert all or part of the insurance so terminated to an individual policy of life insurance only, on one of the forms then customarily issued by the Company, except term insurance, provided application for such policy shall be made and the first premium paid by the Insured within thirty-one days after such premium due date. Evidence of insurability satisfactory to the Company may be required as a condition for such conversion. The premium for such individual policy shall be at the Company's then customary rate applicable to the form and amount of the individual policy, the class of risk to which the Insured then belongs, and his attained age on the effective date of the individual policy. Insurance under the individual policy shall become effective at the end of the thirty-one day period during which application for such individual policy may be made.

The conversion privilege in the preceding paragraph may be exercised by the Insured without evidence of insurability during the thirty-one day period following expiration of this policy on the anniversary nearest the Insured's sixty-fifth birthday, with the additional provision that should the Insured die during the said thirty-one day period the Company shall pay to the beneficiary as a death benefit the maximum amount of insurance for which such individual policy could have been issued under this provision, whether or not the Insured shall have made written application for conversion.

**WAR RISK EXCLUSION.** As used in this policy, "home area" means only continental United States of America (excluding Alaska) and the Dominion of Canada; "war service" means service in the military, naval or air forces of any country at war, declared or undeclared.

The Company's liability under this policy shall be limited as hereinafter provided if the death of the Insured results from bodily injury or disease suffered, sustained, or contracted as a result of war service outside the home area, provided death occurs outside the home area or within six months after the Insured returns to the home area.

In the event of death of the Insured from any of the causes and under any of the circumstances stated above, then, notwithstanding any and all other provisions of this entire policy, the Company's liability under this policy shall be limited to the payment in a single sum of an amount equal to the sum of the premiums paid under this policy provided, however, that the amount so payable shall not exceed the amount which would otherwise be payable if this exclusion were not in effect.

Installments for each \$1,000

Number of Years during which Installments will be paid	Amount of Each Monthly Installment
1	\$84.28
2	42.66
3	28.79
4	21.86
5	17.70
10	9.39
15	6.64
20	5.27



**COPY OF APPLICATION ATTACHED HERETO**

**TERM PERIOD AND PRIVILEGE OF RENEWAL.** On its date of issue, this policy is issued for a term period ending on the first policy anniversary on which the Insured's age is a multiple of five. On such policy anniversary, and on each quinquennial policy anniversary thereafter before the Insured reaches age 65, the policy may be renewed for a term period of five years by payment, prior to the expiration of the grace period, of the premium in the schedule under the section entitled "Premiums".

**PREMIUMS.**

**Premium Rates for \$1,000 of Insurance**

(Rates for larger or smaller amounts will be proportionate)

Attained Age of Insured	Annual Premium	Semi-annual Premium	Quarterly Premium
20 to 24	\$12.01	\$ 6.19	\$ 3.12
25 to 29	12.26	6.38	3.23
30 to 34	13.09	6.80	3.44
35 to 39	14.04	7.29	3.69
40 to 44	15.57	8.10	4.09
45 to 49	18.17	9.45	4.77
50 to 54	22.67	11.79	5.95
55 to 59	29.88	15.53	7.84
60 to 64	40.99	21.30	10.75

Premium intervals, computed from the date of issue of this policy, and the corresponding amount of premium for each are specified in the foregoing schedule. This policy shall be placed in force by the payment in advance of the premium for a premium interval beginning on the date of issue and shall be continued in force by the further payment on the first day of each subsequent premium interval of the premium specified therefor until premiums have been paid to the expiration of the term period or until prior death of the Insured. All premiums are payable in advance at the Home Office of the Company, or to an Agent of the Company upon delivery of a receipt signed by the President or Secretary and countersigned by said Agent. The mode of premium payment may be changed from time to time, and the manner in which any payment is made shall be considered the manner for payment of subsequent premiums.

A grace period of thirty-one days without interest charge will be allowed for the payment of every premium after the first, during which time the insurance shall continue in force. If death occurs during the period of grace, the over-due premium will be deducted from the amount payable hereunder.

**DIVIDENDS.** The portion of the divisible surplus accruing upon this policy shall be ascertained and credited annually by the Company. Dividends will be paid in cash, or, upon written request to the Company, will be applied toward payment of a premium on this policy.

**SUICIDE.** If, within one year from date of issue hereof, the Insured shall die by suicide, whether sane or insane at the time, the Company shall be liable only for an amount equal to the premiums paid hereon, without interest.

**CONTRACT.** This policy and the application therefor, a copy of which is attached hereto and made a part hereof, constitute the entire contract between the parties. No statement made by the Insured or on his behalf shall avoid this policy or be used in defense to a claim under it unless contained in a written application and unless a copy of the application is attached to the policy when issued. All such statements shall be deemed representations and not warranties. No person except the President, a Vice-President, the Secretary, or an Assistant Secretary of the Company has authority on behalf of the Company to modify or reinstate this contract or to waive any lapse or forfeiture or any of the Company's rights or requirements. No modification of this policy or waiver of any of its provisions shall be effective unless endorsed hereon.

**INCONTESTABILITY.** Except for nonpayment of premiums, this policy shall be incontestable after it has been in force during the lifetime of the Insured for a period of one year from its date of issue. This provision shall not be applicable to the section of this policy entitled "Extended Insurance." The defense or denial of liability by the Company with respect to any claim under this policy on the ground that death occurred as a result of any of the causes and under the circumstances stated in the section entitled "War Risk Exclusion" shall not be construed to be a contest of this policy.

**AGE.** As used in this policy, "age" means age at nearest birthday. If the age of the Insured has been misstated, the amount payable hereunder shall be such as the premium paid would have purchased at the correct age according to the table of premiums herein.



**ASSIGNMENT.** This policy is not assignable and the insurance benefits are not assignable prior to a loss. The Company assumes no responsibility as to the validity or effect of any assignment, and any claim based upon an assignment shall be subject to proof of interest and extent thereof.

**VALUATION.** The reserve on this policy shall be computed by the net level premium method on the Commissioners' 1941 Standard Ordinary table with interest at two and one-half per cent per annum.

**SETTLEMENT.** All sums payable by the Company under this policy shall be payable at its Home Office in Saint Paul, Minnesota.

**CONTROL OF POLICY.** The Insured, without the consent of any beneficiary, may exercise and enjoy all rights, privileges, and benefits conferred by this policy or allowed by the Company, or may effect any change in or amendment to the policy by agreement with the Company.

*The*  
**MINNESOTA MUTUAL LIFE  
INSURANCE COMPANY**  
(ORGANIZED 1880)

**TERM INSURANCE  
RENEWABLE FOR FIVE YEAR  
PERIODS TO AGE 65**

**EXTENDED INSURANCE  
IN EVENT OF DISABILITY**

**WAR RISK EXCLUSION**

**ANNUAL DIVIDENDS**



The Insured is hereby notified that by virtue of his Policy he is a member of The Minnesota Mutual Life Insurance Company and that the Annual Meetings of said Company are held at its Home Office on the first Tuesday in March of each year at three o'clock in the afternoon.

F. 773.1  
(3-54)

**BENEFICIARY.** The beneficiary designation may be changed at any time and from time to time while this policy is in force, by written request therefor filed at the Home Office of the Company. The new designation shall take effect only upon being recorded in writing by the Company at its Home Office; but when so recorded, whether the Insured is then living or dead, it shall relate back and take effect as of the date of execution of such written request without prejudice to the Company, however, on account of any payment made by it before such recording. If there is no beneficiary surviving at the death of the Insured, then, unless otherwise provided in this policy or in a duly recorded request for change of beneficiary, the proceeds of this policy shall be paid to the person or persons who, upon proof by affidavit or other written evidence satisfactory to the Company, appear to be the then living lawful bodily and legally-adopted child or children of the Insured, equally, if more than one, or, if none, to the executors or administrators of the estate of the Insured. The words "child" and "children" are used herein to refer to only the first generation.

If any beneficiary dies simultaneously with the Insured, or within ten days after the Insured but before due proof of the Insured's death shall have been received at the Home Office of the Company, payment of the proceeds of this policy shall be made to the same payee or payees, and under the same terms and conditions, as provided herein if such deceased beneficiary were not living at the death of the Insured.



2 31 A 2/ 211

H. G. SHORES  
HOWARD P. SHORES  
Attorneys at Law  
KEYSER, WEST VIRGINIA

February 26, 1962

Veterans Administration  
Veterans Benefits Office  
Munitions Building  
Washington 25, D. C.

Re: X C-16909  
Celdon, Lynnewood G.  
3072/211

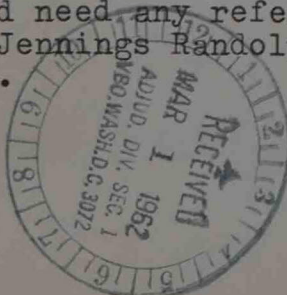
Gentlemen:

In behalf of our client, Florence Whitacre Celdon, we are enclosing form 21-530 and also an additional affidavit, prepared by this office with exhibits, and trust that this may be sufficient for our client to obtain the maximum burial allowance to which she is entitled.

This is an acknowledgement of your letter of January 31, 1962, which was addressed to my client at 619 N. Front Street, Milton, Pennsylvania. You are now advised that my client's present address is 239 East Elder Street, Cumberland, Maryland.

We trust that the preparation of these papers may be sufficient for you to make your distribution to our client for the burial of her husband.

Since our client is not permanently going to reside at the above quoted address, would it be possible to deal with us directly, though we are not admitted to practice law in your department. If you would need any references, we can refer you to Senator Jennings Randolph and Congressman Harley O. Staggers.



Very truly yours,

*H. G. Shores*

H. G. Shores







VETERANS ADMINISTRATION <b>APPLICATION FOR BURIAL ALLOWANCE</b>				1. SOCIAL SECURITY NO. OF VETERAN		2. CLAIM NO.	
IMPORTANT—Read Instructions on reverse before filling in form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL EXPEDITE ACTION ON YOUR CLAIM.				110-09-9303		xc-16909	
3. LAST NAME—FIRST NAME—MIDDLE NAME OF DECEASED VETERAN <b>Celdon, Lynnewood G</b>				4. LAST NAME—FIRST NAME—MIDDLE NAME OF CLAIMANT <b>Celdon, Florence Whitacre</b>			
<b>PART I—INFORMATION REGARDING VETERAN</b>							
5. DATE OF BIRTH <b>11/3/97</b>		6. PLACE OF BIRTH <b>New York, New York</b>		7. DATE OF DEATH <b>12/4/61</b>		8. PLACE OF DEATH <b>Milton, Pennsylvania</b>	
9. DATE OF BURIAL <b>12/9/61</b>		10. PLACE OF BURIAL <b>Mount Union, West Virginia</b>		11. LEGAL DOMICILE AT TIME OF DEATH <b>619 N. Front Street Milton, Pa.</b>			
12. LIVING RELATIVES (Check) <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> MOTHER  <input type="checkbox"/> FATHER		13. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED  <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <small>(If ever married, fill in 14A and 14B)</small>		14A. FULL NAME OF SPOUSE <b>Florence Whitacre Celdon</b>			
				14B. ADDRESS OF SPOUSE (If living) <b>Florence Whitacre Celdon</b>			
15A. FULL NAME OF FATHER <b>John Isaac Lynnewood</b>				16A. FULL NAME OF MOTHER <b>Agnes Lynnewood</b>			
15B. ADDRESS OF FATHER (If living) <b>deceased</b>				16B. ADDRESS OF MOTHER (If living) <b>deceased</b>			
SERVICE INFORMATION— NOTE: The following information should be furnished for the period of the Veteran's active service in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States.							
17A. ENTERED SERVICE		17B. SERVICE NO.		17C. SEPARATED FROM SERVICE		17D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE	
DATE	PLACE			DATE	PLACE		
<b>6/26/16</b>	<b>New York, New York</b>	<b>C-16909</b>		<b>10/11/17</b>	<b>hdqs 165th Infantry</b>	<b>Private U.S. Army</b>	
18. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 3, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME <b>Celdon G. Lynnewood</b>				19A. WAS THE VETERAN AT THE TIME OF DEATH ON ACTIVE OR INACTIVE DUTY AS A MEMBER OF THE RESERVE FORCES OF THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, OR A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>(If "Yes," fill in 19B and 19C)</small>			
19B. TYPE OF DUTY AT TIME OF DEATH <input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> INACTIVE		19C. BRANCH OF SERVICE <b>U.S. Army</b>		20. SOURCE FROM WHICH ABOVE INFORMATION WAS SECURED <b>discharge &amp; letters</b>			
<b>PART II—INFORMATION RELATING TO VETERAN'S BURIAL</b>							
21. TOTAL EXPENSE OF BURIAL, FUNERAL, AND TRANSPORTATION <b>\$ 1,148.70</b>				22A. HAVE BILLS BEEN PAID IN FULL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>(If "No," fill in 22B)</small>		22B. AMOUNT UNPAID <b>\$ nothing</b>	
23A. HAS ANY AMOUNT BEEN ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>(If "Yes," fill in 23B and 23C)</small>		23B. AMOUNT <b>\$</b>		23C. SOURCE		24. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>(Before answering, read and comply with Instruction No. 7 on reverse)</small>	
NOTE: If claim is made by person who paid the bills, fill in 25A and 25B.		25A. WHOSE FUNDS WERE USED? <b>personal funds of Florence W. Celdon</b>		25B. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <small>(If "Yes," fill in 25C)</small>		25C. AMOUNT AND SOURCE OF REIMBURSEMENT <b>\$ nothing</b>	
NOTE: Where the claimant is a firm or other unpaid creditor, the following certification must be made by the individual who authorized services.				I CERTIFY THAT the foregoing statements made in connection with this application for burial allowance on account of the above-named veteran are true and correct to the best of my knowledge and belief.			
I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.				26. SIGNATURE OF CLAIMANT (If signed by mark, 34A through 35B on reverse should be executed) <b>Florence W. Celdon</b>			
30. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, fill in items 34A through 35B on reverse) <b>CODED</b>				27. SIGNATURE AND CAPACITY OF PERSON SIGNING FOR FIRM <b>Widow of Lynnewood G. Celdon</b>			
31. ADDRESS (Number and street or rural route, city or P.O., zone number and State) <b>MAR 6 1962</b>				28. ADDRESS (Number and street or rural route, city, or P.O., zone number and State) <b>239 E. Elder Street, Cumberland, Md.</b>			
32. DATE <b>Feb. 26, 62</b>		33. RELATIONSHIP TO VETERAN <b>Wife</b>		29. CREDITOR OR RELATIONSHIP TO DECEASED <b>wife</b>			
PENALTY—The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.							



**WITNESSES TO SIGNATURE IF MADE BY "X" MARK**

**NOTE:** Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

34A. SIGNATURE OF WITNESS	34B. ADDRESS OF WITNESS
35A. SIGNATURE OF WITNESS	35B. ADDRESS OF WITNESS

**INSTRUCTIONS FOR EXECUTING APPLICATION FOR BURIAL ALLOWANCE**

(Under 38 USC, Section 902)

**IMPORTANT—READ THESE INSTRUCTIONS CAREFULLY**

**1. WHO SHOULD FILE CLAIM.**—If expenses of the veteran's burial and funeral have not been paid, claim should be filed by the undertaker or other creditor. If such expenses have been paid, claim should be filed by the person or persons whose personal funds were used to pay such expenses. If the expenses were paid from funds of the veteran's estate, claim should be filed by the executor or administrator thereof in which case there must also be submitted a copy of the letters of administration or letters testamentary certified over the signature and seal of the appointing court.

**2. TIME LIMIT FOR FILING CLAIM.**—Claim must be filed with the Veterans Administration within 2 years from the date of the veteran's burial or cremation, otherwise the burial allowance will not be payable.

**3. CAREFUL EXECUTION OF CLAIM NECESSARY.**—All of the information required in this application must be furnished and every question must be answered fully and clearly. Answers must be written in a clear, legible hand or typewritten. If you do not know the answer to any question, say so. If any of the questions are not clear and you desire further information before attempting to answer the question involved, you should write to the Veterans Administration for instructions.

**4. EXECUTION OF CLAIM BY UNDERTAKING FIRM.**—The claim of an undertaking firm or corporation must be executed in the full name of the firm or corporation and show the official position or connection with the firm or corporation of the individual who signs the claim in its behalf, e.g.:

STONE FUNERAL HOME

By: John Doe, President.

**5. PROOF OF VETERAN'S DEATH TO ACCOMPANY CLAIM.**—The death of a veteran in a Government institution does not need to be proven

by a claimant. Otherwise, the claimant must forward a copy of the public record of death or a copy of a coroner's report of death or of the verdict of a coroner's jury, certified by the custodian of such records. If proof of death has previously been furnished the Veterans Administration, it need not be again submitted with this application.

**6. STATEMENT OF ACCOUNT TO ACCOMPANY CLAIM.**—This claim must be accompanied by a statement of account (preferably on the printed billhead of the undertaker) showing the name of the veteran for whom the services were performed; the cost of the service rendered; all credits; and the name of the person or persons by whom payment in whole or in part was made. Where death of the veteran occurred while receiving authorized Veterans Administration care, the statement of account should be itemized to show the charge or charges made for use of the hearse. WHERE TOTAL PAYMENT HAS BEEN MADE FOR THE SERVICES PERFORMED, THE STATEMENT OF ACCOUNT SHOULD BE RECEIPTED IN THE NAME OF THE FIRM OR INDIVIDUAL PERFORMING THE SERVICES.

**7. BURIAL ASSOCIATION OR BURIAL INSURANCE BENEFITS.**—If the deceased veteran was a member of a burial association or if any insurance company is obligated to pay all or any part of the burial expenses, Question 24 should be answered "Yes". It will then be necessary to support the claim with a statement from the association or insurance company setting forth the terms of the contract and how and with whom settlement was made.

**8. Bills or receipts filed in support of this claim become a part of the permanent record and may NOT be returned.**

**9. NOTE.**—The payment of any fee in the preparation of this claim is prohibited.



VETERANS ADMINISTRATION  
VETERANS BENEFITS OFFICE  
MUNITIONS BUILDING  
WASHINGTON 25, D.C.

FEB 12 1962

Mrs. Florence Celdon  
619 N. Front Street  
Milton, Pennsylvania

IN REPLY REFER TO:  
X 16 909  
CELDON, Lynnewood G.  
211  
3072/

Dear Mrs. Celdon:

The widow, children, and parents of a deceased veteran may be entitled to benefits as shown on the other side of this letter. An application is enclosed in the event you wish to file a claim.

The filing of a claim does not mean necessarily that the benefits applied for will be allowed. An application completed and returned to this office will be considered carefully and you will be informed of any additional evidence required.

If you have filed an application for benefits on the same form as the one enclosed, with any office of the Veterans Administration, please disregard this letter.

If you have filed a short form application with the Social Security Administration for Veterans Administration benefits, no action can be taken on your claim unless you complete and return the enclosed form.

Your attention is also invited to the paragraph(s) checked below:

- ☐ 1. An accrued benefit may be payable based on the veteran's award which was in effect at the date of his death. A claim for this benefit is included in the attached VA Form 21-534 (535) and must be filed within one year from the date of death.
- ☐ 2. The veteran's claim for benefits was pending at the date of his death. A claim for any accrued benefit which may be payable is included in the attached VA Form 21-534 (535) and must be filed within one year from the date of death.

Encl.

- ☒ VA Form 21-534  
☐ VA Form 21-535

FL 21-15  
Feb 1960 (R)

Very truly yours,

A. VALORE  
Adjudication Officer

ce

(over)



## WIDOW AND CHILDREN

Dependency and Indemnity Compensation. Dependency and indemnity compensation may be payable under certain conditions to the widow, child, or children of a veteran whose death was due to a disease or injury incurred in or aggravated by his military or naval service.

Pension. Pension may be payable under certain conditions to the widow, child, or children of a veteran who rendered service during any war or the Korean Conflict and whose death was not due to service.

NOTE: Pension is not payable in the case of a veteran of World War I, World War II, or the Korean Conflict, if the annual income of a widow or a child exceeds \$1,800 or if the annual income of a widow with a child or children exceeds \$3,000. Pension may be payable on behalf of a child or children even though the widow's annual income is in excess of \$3,000. Income limitations do not apply where the veteran's death was due to service.

## PARENTS

Dependency and indemnity compensation may be payable under certain conditions to the parent or parents of a veteran whose death was due to a disease or injury incurred in or aggravated by his military or naval service. The right of a parent to this benefit is subject to the annual income limitations set forth in VA Form 21-535.

# AWARD OR DISALLOWANCE SHEET

Check applicable box and complete Section I or Section II as appropriate.

☐ BURIAL ALLOWANCE ☐ ACCRUED AMOUNT PAYABLE AS REIMBURSEMENT ☒ DISALLOWANCE

NOTE. Do not complete items 4, 5, 6, 11, and 13 except when burial allowance is awarded.

1. STATION NO.

3072

2. LAST NAME—FIRST NAME—MIDDLE NAME OF DECEASED VETERAN

CALDONLYNNEWOOD G

3. CLAIM NO.

XC-16909

4. PERIOD OF ACTIVE SERVICE

5. DATE OF DEATH

6. DID DEATH OCCUR IN VA HOSPITAL

7. DATE CLAIM FILED

4A. FROM

4B. TO

☐ YES ☐ NO

12-13-61

8. LAST NAME—FIRST NAME—MIDDLE INITIAL OF DECEASED BENEFICIARY

SAME

9. RELATIONSHIP TO VETERAN

SAME

10. DATE OF BENEFICIARY'S DEATH

11. TYPE OF DECEASED VETERAN'S SERVICE (Complete only if burial allowance is awarded)

11A. WARTIME SERVICE (Check applicable box(es))

☐ KOREAN CONFLICT

☐ WORLD WAR II

☐ WORLD WAR I

☐ SPANISH-AMERICAN WAR

☐ OTHER (Specify)

11B. PEACETIME SERVICE

☐ DISCHARGED FOR DISABILITY INCURRED IN LINE OF DUTY OR WAS IN RECEIPT OF COMPENSATION FOR A SERVICE-CONNECTED DISABILITY AT TIME OF DEATH

## SECTION I—AWARD

Payee is entitled to an award under provisions of laws checked in item 12 or 14.

12. BURIAL LAWS (Check applicable box)

☐ 38 U.S.C. 902-905

☐ OTHER (Specify)

13. CLASS OF BURIAL AWARD

☐ INITIAL AWARD

☐ SUBSEQUENT AWARD

14. ACCRUED LAWS (Check applicable box)

☐ 38 U.S.C. 3021 AND 3022

☐ OTHER (Specify)

15. AMOUNT OF BURIAL OR ACCRUED AWARD PAYEE ENTITLED TO

\$

(FOR FINANCE USE ONLY)

SUB. VOUCHER NO.

16. REMARKS (Identify by Item No.)

19I

17. NAME AND ADDRESS OF PAYEE (Or Claimant)

DALE E RANCK  
127 N FRONT ST  
MILTON PA

For Record Review

## SECTION II—DISALLOWANCE

Claim considered under applicable laws and disallowed.

19. REASONS FOR DISALLOWANCE (Check applicable box(es))

☐ A. DECEASED WAS NOT VETERAN OF ANY WAR

☐ D. DIED IN SERVICE

☐ H. BURIAL ALLOWANCE AUTHORIZED BY OTHER GOVERNMENT AGENCY

☐ B. NOT DISCHARGED OR RETIRED FROM PEACETIME SERVICE FOR DISABILITY INCURRED IN, OR AGGRAVATED BY, SERVICE IN LINE OF DUTY AND NOT IN RECEIPT OF COMPENSATION FOR SERVICE-CONNECTED DISABILITY

☐ E. CLAIM NOT FILED WITHIN THE STATUTORY PERIOD

☒ I. NOT THE PROPER CLAIMANT

☐ F. EVIDENCE TO COMPLETE CLAIM NOT FURNISHED WITHIN THE STATUTORY PERIOD

☐ J. OTHER REASONS (Explain fully under "Remarks")

☐ C. CHARACTER OF DISCHARGE IS A BAR

☐ G. TOTAL BURIAL EXPENSES PAYABLE FROM BURIAL BENEFIT FROM OUTSIDE SOURCE

20. DATE SUBMITTED

21. SIGNATURE OF REIMBURSEMENT CLAIMS EXAMINER

22. DATE APPROVED

23. SIGNATURE OF REIMBURSEMENT CLAIMS REVIEWER

1/29/62

W. B. Amick

31 1962

D. H. Young

NAME AND ADDRESS OF PERSONS TO BE NOTIFIED OF ACTION (Other Than Claimant)

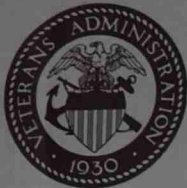
CODED

D. H. YOUNG

NAME

FEB 1 1962





VETERANS ADMINISTRATION  
VETERANS BENEFITS OFFICE  
MUNITIONS BUILDING  
WASHINGTON 25, D.C.

JAN 31 1962

IN REPLY REFER TO:

Mrs. Florence Celdon  
619 N. Front Street  
Milton, Virginia

C-  
X 16909  
3072/ CALDON, Lynnewood G.  
211

Dear Mrs. Celdon:

The widow, children, and parents of a deceased veteran may be entitled to benefits as shown on the other side of this letter. An application is enclosed in the event you wish to file a claim.

The filing of a claim does not mean necessarily that the benefits applied for will be allowed. An application completed and returned to this office will be considered carefully and you will be informed of any additional evidence required.

If you have filed an application for benefits on the same form as the one enclosed, with any office of the Veterans Administration, please disregard this letter.

If you have filed a short form application with the Social Security Administration for Veterans Administration benefits, no action can be taken on your claim unless you complete and return the enclosed form.

Your attention is also invited to the paragraph(s) checked below:

- ☐ 1. An accrued benefit may be payable based on the veteran's award which was in effect at the date of his death. A claim for this benefit is included in the attached VA Form 21-534 (535) and must be filed within one year from the date of death.
- ☐ 2. The veteran's claim for benefits was pending at the date of his death. A claim for any accrued benefit which may be payable is included in the attached VA Form 21-534 (535) and must be filed within one year from the date of death.

Encl.

- ☐ VA Form 21-534
- ☒ VA Form 21-535

FL 21-15  
Feb 1960 (R)

Very truly yours,

*A. Valore*

A. VALORE  
Adjudication Officer

(over)

## WIDOW AND CHILDREN

Dependency and Indemnity Compensation. Dependency and indemnity compensation may be payable under certain conditions to the widow, child, or children of a veteran whose death was due to a disease or injury incurred in or aggravated by his military or naval service.

Pension. Pension may be payable under certain conditions to the widow, child, or children of a veteran who rendered service during any war or the Korean Conflict and whose death was not due to service.

NOTE: Pension is not payable in the case of a veteran of World War I, World War II, or the Korean Conflict, if the annual income of a widow or a child exceeds \$1,800 or if the annual income of a widow with a child or children exceeds \$3,000. Pension may be payable on behalf of a child or children even though the widow's annual income is in excess of \$3,000. Income limitations do not apply where the veteran's death was due to service.

## PARENTS

Dependency and indemnity compensation may be payable under certain conditions to the parent or parents of a veteran whose death was due to a disease or injury incurred in or aggravated by his military or naval service. The right of a parent to this benefit is subject to the annual income limitations set forth in VA Form 21-535.





VETERANS ADMINISTRATION  
VETERANS BENEFITS OFFICE  
MUNITIONS BUILDING  
WASHINGTON 25, D.C.

JAN 31 1962

IN REPLY REFER TO:

Mrs. Florence Celdon  
619 N Front Street  
Milton, Pennsylvania

X C-16909  
CALDON, Lynnewood G.  
3072/ 211

Dear Mrs. Celdon:

We have marked "X" before applicable paragraphs explaining benefits which may be payable because of the recent death of **your husband.**

- ☒ 1. An amount not to exceed \$250.00 may be allowed on the veteran's funeral expenses, including those incurred at the place of burial. Claim should be filed on VA Form 21-530 by the undertaker, if his bill is unpaid, otherwise by the person whose funds were used to pay the expenses. Claim must be filed within 2 years from the date of the veteran's permanent burial or cremation.
- ☐ 2. An additional amount to cover transportation of the body to place of burial may be allowed if death occurred while the veteran was properly hospitalized as a Veterans Administration patient. Each charge for transportation of the body, including removal from the common carrier and to the cemetery, should be listed separately in the bill, showing the points between which transportation was furnished.
- ☐ 3. Accrued amounts due and unpaid the deceased prior to his death may be paid to the person who bore the expense of last sickness and burial. Claim should be filed on VA Form 21-601 within 1 year from the date of death.
- ☐ 4. Benefits deposited by the Veterans Administration into the personal account of the veteran may be paid to the person who bore the expense of last sickness and burial. Claim should be filed on VA Form 21-6898 within 5 years from the date of death.

To file claim, the enclosed form(s) should be completed by the proper claimant and returned to this office as promptly as possible, together with the required evidence. If a claim has previously been filed please disregard this letter. **IMPORTANT: READ INSTRUCTIONS ON CLAIM FORM BEFORE COMPLETING IT.**

Very truly yours,

CODED

Encl:

- ☒ VA Form 21-530
- ☐ VA Form 21-601
- ☐ VA Form 21-6898

NAME

*A. Valore*

A. VALORE  
Adjudication Officer

FL 21-142  
OCT 1960(R)

Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

# IDENTIFYING INFORMATION

1. CLAIM NO. (XC) (Card Columns 1-8)								2. PAYEE NO. (9-10)		3. CD CODE (11)	4. STATION NO. (12-13)	5. NAME OF VETERAN (14-20)								6. CLAIM STATUS (21)	
00016909								00		8	72	LGCELD00								C. R.A. K. TERM. L. DISAL. R. OTHER	

# DEATH INFORMATION

7. TYPE OF ACTION		8. DATE OF DEATH				9. AGE AT DEATH		10. DEATH IN SERVICE		11. ACTIVE DUTY DATES											
		MONTH (22)		DAY (23-24)		YEAR (25-26)		YEAR (27-28)		YEAR (29-30)		EOD (31)		RAD (32-33)		YEAR (34-35)		YEAR (36-37)		YEAR (38-39)	
1. NEW NOD 2. CHANGE		1		1		2		0		4		6		1		6		4		1-NO 2-YES	
		1		0		6		1		7		1		0		1		7			

# FOR FLEXWRITER USE ONLY

1. CLAIM NO.	2. PAYEE NO.	3. CARD CODE	4. STATION NO.	5. NAME	6. CLM. STATUS	7. TYPE ACTION	8. DATE OF DEATH	9. AGE AT DEATH	10. DEATH IN SERVICE	11. ACTIVE DUTY	
										EOD	ROD

12. REMARKS

13. DATE PREPARED

14. SIGNATURE

12/21/61

S. L. Cary



RECEIVED

DEC 27 1961

ADP CONTROL POINT  
ADJUDICATION DIVISION  
VBO. WASH. D.C. 3072



VETERANS ADMINISTRATION

REGIONAL OFFICE

19 NORTH MAIN STREET

WILKES-BARRE, PENNSYLVANIA

December 19, 1961

YOUR FILE REFERENCE:

IN REPLY REFER TO: 3056/001A3H

Mr. Dale E. Ranck  
127 N. Front Street  
Milton, Pa.

File No: XC-16909  
Name: CELDON, Lynnewood G.

Dear Mr. Ranck:

This acknowledges receipt of VA Form 21-530, Application for Burial Allowance.

☒ This matter has been referred to Veterans Benefits Office,  
VA Munitions Building, Washington 25, D. C.  
Future inquiries on the subject should be sent to that office.

☐ This matter is receiving attention, and you will be further informed at the earliest possible date.

Very truly yours,

G. C. KELLY, Chief  
Admin-Mgt. Division

FL 47  
Aug 1956



DALE E. RANCK  
DALE E. RANCK, JR.

PHONE 193

THE DALE E. RANCK FUNERAL SERVICE  
127 NORTH FRONT STREET  
MILTON, PA.

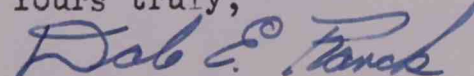
Dec. 28, 1961

Veterans Benefits Office  
Munitions Building  
Washington, D.C.

Gentlemen:

The funeral expenses of Lynnewood G. Celdon (DC-16909)  
have been paid in full since we made application for his  
veteran's burial benefits. Payment was made by his wife  
Mrs. Florence Celdon.

Yours truly,

A handwritten signature in blue ink that reads "Dale E. Ranck". The signature is stylized with a large, flowing "D" and a cursive "Ranck".

Dale E. Ranck

Re 218-3741-12/21 231A 2/2/3A

1. LAST NAME—FIRST NAME—MIDDLE NAME OF VETERAN (Type or print) <b>CELDON, Lynnewood G.</b>			2. CLAIM NO. <b>X C— 16 909</b>		
3. ADDRESS (No. and street or rural route, city, zone and State)			4. POLICY NO. <b>N—</b>		
5. VA INSTALLATION AND CORRESPONDENCE CODE SYMBOL OF PREPARING ELEMENT <b>VARO #3056 Wilkes-Barre, Pa.</b>			6. SERVICE NO. <b>V—</b>		
7. TO <b>VBO #3072, Washington, D. C.</b>			8. OTHER FILE NOS. (Specify)		
9. REASON FOR TRANSFER <input checked="" type="checkbox"/> NO RECORD <input type="checkbox"/> PATIENT IN YOUR HOSPITAL <input type="checkbox"/> RECORDS TRANSFERRED TO YOUR OFFICE, DATE OF: <input checked="" type="checkbox"/> JURISDICTION YOUR OFFICE <input type="checkbox"/> OTHER (Specify)			10. TYPE OF TRANSFER <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		
ITEMS TRANSFERRED (Use identifying letters in adjacent block—DO NOT DENOTE BY "X" MARK)					
11. FORMS		12. FOLDERS		13. MISCELLANEOUS	
A. 2-22	H. 10-P-10	A. GUARDIANSHIP	<b>B</b> B. DEATH CERTIFICATE	<b>K K</b> Tels.	H. SERV. DEPT. MED. REC.
<b>C</b> 21-526	I. 10-2731	B. HOSPITAL CORRESPONDENCE	<b>E</b> E. FUNERAL STATEMENT	L.	I. SERV. DEPT. DENTAL REC.
D. 21-530	J. 10-2827	C. HOSPITAL CLINICAL	F. MARRIAGE CERTIFICATE	M.	J. SERV. DEPT. CN'L REC.
E. 21-534	K. 2008	D. INSURANCE	G. X-RAY FILMS	N.	
F. 21-535	L. 3101	E. TRAINING SUB-FOLDER			
G. 21-2507	M.	F. OUTPATIENT TREATMENT			
	N.	G. ORPHAN'S EDUCATION			
14. REMARKS				15. DATE <b>12-19-61</b>	

VA Form 3029  
DEC 1960

EXISTING STOCKS OF  
VA FORM 3029, 3500, 3501  
WILL BE USED.

TRANSFER OF VETERAN'S  
MISCELLANEOUS RECORDS

U.S. GOVERNMENT PRINTING OFFICE : 1961 OF—577610

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION



TELECOMMUNICATIONS UNIT  
ADMINISTRATIVE DIVISION

1961 DEC 14 PM 3:43

VETERANS ADMINISTRATION  
WILKES - BARRE

V

MM RUEPHV  
DE RUEPTL 191MM  
ZNR

M 141818Z

FM VACO WASHDC

TO VARO WILKESBARRE PA

VETS GRNC

BT

UNCLS A NOD WLKESBARRE RO 12-13-61

B CELDON LYNNEWOOD G XC16-909

C FLDR VBOJURIS VBO

D NEG

E DOB 11-3--97 DOD 12-4-61 MILTON NOORTHUMBERLAND CO PA

F NEG

BT

14/1855Z RUEPTL

*Arch & Ind 2030*

NNNN#

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

noK

NNNNMLB225

MM RUEPTM

DE RUEPHV 24CD

ZNR

M 132031Z

TO

~~FM~~ VARO WILKESBARRE PA

~~TO VAGO WASHDC~~

VETS GRNC

BT

UNCLAS A NOD WILKESBARRE RO 12-13-61

B CELDON LYNEWOOD G

XC 16-909

C NEG ~~7 older~~ VBO *guis* - VBO

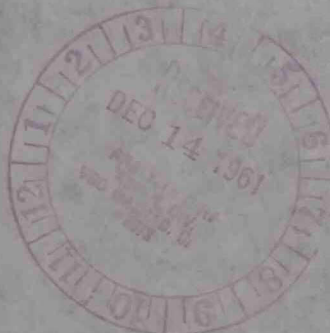
D ~~ARMY DOE 3-26-17 DOD 10-11-17~~ NEG.

E DOB 11-3-97 DOD 12-4-61 MILTON NORTHUMBERLAND CO PA

F NEG

BT

13/2048Z



Dec 13 4 03 PM '61

TELETYPE

STAMP XC ON CHARGE CARD AND C FOLDER  
FORWARD CHARGE CARD TO XC FILES WITH  
APPROPRIATE CHARGE OUT - ROUTE XC  
FOLDER TO APPROPRIATE  
(ADJUDICATION UNIT) (ANALYZER UNIT)

RECEIVED ANB



COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

001A3M

21-13

Form approved.  
Budget Bureau No. 76-R009.4.

# VETERANS ADMINISTRATION APPLICATION FOR BURIAL ALLOWANCE

IMPORTANT.—Read Instructions on reverse before filling in form.

1. SOCIAL SECURITY NO.  
OF VETERAN

2. CLAIM NO.

XC—

3. LAST NAME—FIRST NAME—MIDDLE NAME OF DECEASED VETERAN

Celdon, Lynnewood G.

4. LAST NAME—FIRST NAME—MIDDLE NAME OF CLAIMANT

Ranck, Dale E.

## PART I—INFORMATION REGARDING VETERAN

5. DATE OF BIRTH

Nov. 3, 1897

6. PLACE OF BIRTH

N.Y.C., N.Y.

7. DATE OF DEATH

Dec. 4, 1961

8. PLACE OF DEATH

Milton, Pa.

9. DATE OF BURIAL

Dec. 9, 1961

10. PLACE OF BURIAL

Mt. Union Cem.  
Paw Paw, W. Va.

11. LEGAL DOMICILE AT TIME OF DEATH

619 N. Front St., Milton, Pa.

12. MARITAL STATUS

☐ NEVER  
MARRIED☒ MARRIED☒ SPOUSE☐ MOTHER☐ WIDOWED☐ DIVORCED☐ FATHER

(If ever married fill in 14A and 8)

14A FULL NAME OF SPOUSE

Florence Celdon

14B. ADDRESS OF SPOUSE (If living)

619 N. Front St.  
Milton, Pa.

15A FULL NAME OF FATHER

Isaac Celdon

16A FULL NAME OF MOTHER

Agnes Harring

15B ADDRESS OF FATHER (If living)

16B. ADDRESS OF MOTHER (If living)

17. SERVICE INFORMATION— NOTE: The following information should be furnished for the period of the veteran's active service in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States

ENTERED SERVICE

DATE

PLACE

SERVICE NO.

SEPARATED FROM SERVICE

DATE

PLACE

GRADE, RANK OR RATING, ORGANIZATION  
AND BRANCH OF SERVICE

Mar. 26, 1917, N.Y.C., N.Y.

unknown

Oct. 11, 1917

Camp A. L.  
Mills, L.I., N.Y.)Pvt. Headquarters  
Co., 165th Inf.

18. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 3, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

19A. WAS THE VETERAN AT THE TIME OF DEATH ON ACTIVE OR INACTIVE DUTY AS A MEMBER OF THE RESERVE FORCES OF THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, OR A MEMBER OF THE NATIONAL GUARD?

☐ YES☒ NO (If "Yes," fill in 19B and 19C)

19B. TYPE OF DUTY AT TIME OF DEATH

☐ ACTIVE☐ INACTIVE

19C. BRANCH OF SERVICE

20. SOURCE FROM WHICH ABOVE INFORMATION WAS SECURED

Letter from Adjutant General's Office

## PART II—INFORMATION RELATING TO VETERAN'S BURIAL War Dept. (10/5/37)

21. TOTAL EXPENSE OF BURIAL, FUNERAL, AND TRANSPORTATION

\$ 790.00

22A. HAVE BILLS BEEN PAID IN FULL?

☐ YES ☒ NO (If "No," fill in 22B)

22B. AMOUNT UNPAID

\$ 790.00

23A. HAS ANY AMOUNT BEEN ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?

☐ YES☒ NO (If "Yes," fill in 23B)

23B. AMOUNT AND SOURCE

\$

24. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?

☐ YES☒ NO (Before answering, read and comply with Instruction No. 7 on reverse)

NOTE.—If claim is made by person who paid the bills, fill in 25A and 25B.

25A. WHOSE FUNDS WERE USED?

25B. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?

☐ YES☐ NO (If "Yes," fill in 25C)

25C. AMOUNT AND SOURCE OF REIMBURSEMENT

\$

NOTE.—Where the claimant is a firm or other unpaid creditor, the following certification must be made by the individual who authorized his services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

I CERTIFY THAT the foregoing statements made in connection with this application for burial allowance on account of the above-named veteran are true and correct to the best of my knowledge and belief.

26. SIGNATURE OF CLAIMANT

Dale E. Ranck

30. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES

Florence W. Celdon

27. SIGNATURE AND CAPACITY OF PERSON SIGNING FOR FIRM

Dale E. Ranck

Owner

31. ADDRESS (Number and street or rural route, city, or P. O. zone number and State)

619 N. Front St.  
Milton, Pa.

28. ADDRESS (Number and street or rural route, city, or P. O. zone number and State)

127 N. Front St.  
Milton, Pa.

32. DATE

12/11/61

33. RELATIONSHIP TO VETERAN

wife

29. CREDITOR OR RELATIONSHIP TO DECEASED

Creditor

IMPORTANT.—YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL EXPEDITE ACTION ON YOUR CLAIM.

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be fined not more than \$1,000 or by imprisonment for not more than 1 year, or both.

VA FORM  
JAN 1959 21-530

EXISTING STOCKS OF VA FORM VB8-530, MAY 1956, WILL BE USED

FEB 1 1962

NAME

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION



# INSTRUCTIONS FOR EXECUTING APPLICATION FOR BURIAL ALLOWANCE

(Under 38 USC, Section 902)

## IMPORTANT—READ THESE INSTRUCTIONS CAREFULLY

1. **WHO SHOULD FILE CLAIM.**—*If expenses of the veteran's burial and funeral have not been paid, claim should be filed by the undertaker or other creditor.* If such expenses have been paid, claim should be filed by the person or persons whose personal funds were used to pay such expenses. If the expenses were paid from funds of the veteran's estate, claim should be filed by the executor or administrator thereof in which case there must also be submitted a copy of the letters of administration or letters testamentary certified over the signature and seal of the appointing court.

2. **TIME LIMIT FOR FILING CLAIM.**—Claim must be filed with the Veterans Administration within 2 years from the date of the veteran's burial or cremation, otherwise the burial allowance will not be payable.

3. **CAREFUL EXECUTION OF CLAIM NECESSARY.**—All of the information required in this application must be furnished and every question must be answered fully and clearly. Answers must be written in a clear, legible hand or typewritten. If you do not know the answer to any question, say so. If any of the questions are not clear and you desire further information before attempting to answer the question involved, you should write to the Veterans Administration for instructions.

4. **EXECUTION OF CLAIM BY UNDERTAKING FIRM.**—The claim of an undertaking firm or corporation must be executed in the full name of the firm or corporation and show the official position or connection with the firm or corporation of the individual who signs the claim in its behalf, e. g.:

STONE FUNERAL HOME

By: John Doe, President.

5. **PROOF OF VETERAN'S DEATH TO ACCOMPANY CLAIM.**—The death of a veteran in a Government institution does not need to be proven

by a claimant. Otherwise, the claimant must forward a copy of the public record of death or a copy of a coroner's report of death or of the verdict of a coroner's jury, certified by the custodian of such records. If proof of death has previously been furnished the Veterans Administration, it need not be again submitted with this application.

6. **STATEMENT OF ACCOUNT TO ACCOMPANY CLAIM.**—This claim must be accompanied by a statement of account (preferably on the printed billhead of the undertaker) showing the name of the veteran for whom the services were performed; the cost of the service rendered; all credits; and the name of the person or persons by whom payment in whole or in part was made. Where death of the veteran occurred while receiving authorized Veterans Administration care, the statement of account should be itemized to show the charge or charges made for use of the hearse. **WHERE TOTAL PAYMENT HAS BEEN MADE FOR THE SERVICES PERFORMED, THE STATEMENT OF ACCOUNT SHOULD BE RECEIPTED IN THE NAME OF THE FIRM OR INDIVIDUAL PERFORMING THE SERVICES.**

7. **BURIAL ASSOCIATION OR BURIAL INSURANCE BENEFITS.**—If the deceased veteran was a member of a burial association or if any insurance company is obligated to pay all or any part of the burial expenses, Question 24 should be answered "Yes". It will then be necessary to support the claim with a statement from the association or insurance company setting forth the terms of the contract and how and with whom settlement was made.

8. Bills or receipts filed in support of this claim become a part of the permanent record and may NOT be returned.

9. **NOTE.**—The payment of any fee in the preparation of this claim is prohibited.

U. S. GOVERNMENT PRINTING OFFICE : 1959 OF—494067



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
VITAL STATISTICS

No 38143

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

Registered No. 99

Full Name of Deceased Lynnwood St Seldon  
First Middle Last

Usual Address 619 N. Front St., Milton North Pa.  
Number Street City or Town County State

Place of Death Milton Northumberland Pennsylvania  
City, Borough or Township County

Date of Death Dec 4, 1961 Social Security No. 110-09-9303 Race White

Marital Status Married Sex Male Date of Birth Nov 3, 1897

Occupation Newspaper Manager Birthplace New York City, N.Y.

If Veteran, which War WWI Veteran's Serial No.

Disease or Condition Leading Directly to Death (a)	Interval Between Onset and Death
<u>Acute coronary occlusion</u>	<u>5 min</u>
Due to (b)	
Due to (c)	

Accident, Suicide or Homicide How did injury occur

Name and Title of Person John A. Bolick, M.D.  
Certified Cause of Death (M. D., D. O., Coroner)

Address Milton Pa  
Street City

This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to State Vital Statistics, Harrisburg, Pennsylvania, for permanent filing.



Betty R. Raup 49-446  
Local Registrar of Vital Statistics District No.

714 N. Front St., Milton Pa  
Street Address City, Borough, Township

Dec. 6, 1961  
Date Received by Local Registrar

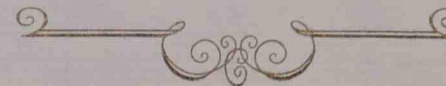
Dec 6, 1961  
Date of Issue of This Certification



The Dale E. Ranck Funeral Service

127 NORTH FRONT STREET

MILTON, PA.



TO Mrs. Florence W. Celdon

Milton, Pa.

FOR THE FUNERAL EXPENSES OF

Lynnewood G. Celdon

Dec. 9, 1961

RECEIVED PAYMENT

19



CASKET AS SELECTED, PROFESSIONAL SERVICES INCLUDING EM-BALMING AND PREPARATION, REMOVAL, USE OF EQUIPMENT, ASSISTANTS AND ALL SERVICES IN THE ARRANGING, CARE AND DIRECTION OF FUNERAL.

695 00

OUTSIDE CASE

VAULT

CLOTHING

Hearse Removal Paw Paw, Va.

95

# CASH DISBURSEMENTS:

For your convenience we have advanced cash for the following:

GRAVE

OPENING

DECORATING

TENT

MATTING

CREMATORY CHARGES

HEARSE

AUTO

TELEGRAMS

TELEPHONE

CLERGYMAN

DOOR GARLAND

MISCELLANEOUS

TOTAL CASH DISBURSED \$

TOTAL \$

790.00



12.27

12-1361

CELDON LYNNEWOOD G.

NEG.

NEG

ARMY

3-26-17

10-11-17

11-3-97

12-4-61

MILTON, NORTHUMBERLAND CO PA.

NEG.

jb

12-13-61 2:46

# NOTICE OF TRANSFER OF CASE FILE

FROM Central Office. TO V.A. Washington., D.C. 300 Indiana Ave., N.W.  
(The case file and records checked below are transferred to your office herewith)

Veteran's NAME CELDON, Lynnewood G. C-No. 16-909

Names of payees \_\_\_\_\_

OLD ADDRESS Apartment 401-- Clifton Manor, 2514--14th. Street, N.W., Washington, D.C.

NEW ADDRESS \_\_\_\_\_

REASON Request of Board of Veterans ~~Appeal~~ Appeals.

Rehabilitation Form 1901	Form 511 a	Form 6604	Compensation	Pension	Disability Allowance	Date transferred <u>7/19/46mab</u> <u>W.C. Black</u> W.C. Black, Dir. Adm. Serv. (Signature Transferring Officer) Date received _____ (Signature Receiving Officer)
Retired file	Form 511 b					
Medical file	Form 511 d	Receiving				
Guardianship file	Form 511 e	Pending				
Form 253	Form 2507	Terminated				
Form 511	Form 4702	Disallowed				

\* Death cases only



# VETERANS ADMINISTRATION

MEMORANDUM

Date July 11, 1946

From: Chairman, Board of Veterans' Appeals. **1CA**

To: Asst. Administrator for Contact and Services.

Subject: **CELDON, Lynnewood G. C-16 909**

Attention: Veterans' Records Division,  
Room

**290**

It is requested that this case be forwarded to the Regional Office  
or Combined Facility in which control is maintained.

DISPATCHED

JUL 12 1946

BOARD OF VETERANS' APPEALS  
Per *[Signature]*

R. L. JARNAGIN,  
Chairman,  
Board of Veterans' Appeals.

Mr. Lynnewood G. Celdon  
Apartment 401 Clifton Manor  
2514 - 14th Street N. W.  
Washington, D. C.

C-16 909

1CA

Dear Sir:

There is enclosed for your information a copy of the decision of the Board of Veterans Appeals rendered in the case of the above identified claim.

Very truly yours,

R. L. JARNAGIN,  
Chairman,  
Board of Veterans Appeals.

cc D. A. V. Washington, D. C.

Enclosure  
Copy of decision  
dated June 21, 1946

DISPATCHED  
JUL 12 1946  
BOARD OF VETERANS' APPEALS  
Per \_\_\_\_\_ E \_\_\_\_\_

FL-1 CA-1  
Feb 1946  
(Replaces Form 3013)  
TJT:myy



# VETERANS ADMINISTRATION

RECORDED  
JUN 25 1946

## BOARD OF VETERANS' APPEALS

JUN 21 1946

*Noted by 4446 CCB  
7/24/46*

CELDON, Lynnewood G.  
C-16,909

DOCKET NO. NP 195,273

Public No. 2, 73rd Congress, as amended, WW SC	Affirmed
Public No. 141, 73rd Congress, as amended, WW SC	Affirmed
Public No. 2, 73rd Congress, as amended, RE SC	Affirmed

Appellant represented by: Disabled American Veterans.

Witness at hearing on appeal: Lynnewood G. Celdon, the appellant.

### QUESTION AT ISSUE:

Service connection for eye condition.

CONTENTIONS: The veteran and his representative contend that the eye condition diagnosed compound myopic astigmatism and muscular imbalance was incurred in military service.

In the hearing held on appeal the representative outlined the evidence of record and stated in part as follows:

"There is no reason, according to the records, to believe that there was an eye condition existing at the time he entered the service. The veteran stated that during a sandstorm his eyes became affected, for which condition he was later discharged by reason of SCD. It is believed that service connection was correctly established at that time, although there is no record of treatment for the eye condition in service."

OUTLINE OF MATERIAL EVIDENCE: It has been reported that appellant entered active service in the Army on June 26, 1916, and was honorably discharged October 11, 1917, on Certificate of Disability. There is no record of any physical defects having been noted on examination for enlistment. No medical treatment is shown to have been accorded while in military service. Report of examination for discharge showed:

"Defect of vision, myopia and myopic astigmatism  
20/100 right and 20/70 left (without correction);  
20/40 right and 20/40 left (with correction), cause unknown."

CELDON, Lynnewood G.  
C-16,909

The condition was held by Army medical officers as having existed prior to enlistment and not aggravated in line of duty.

Report of eye examination dated October 27, 1919, showed vision was O.D. 20/70; O.S. 20/70, corrected to 20/15 bilateral. Fundus examination disclosed no abnormalities and diagnosis of myopia was made.

Report of special eye examination by Dr. G. M. Case received October 30, 1920 states as follows:

"\* \* \* he has less than 20/200 vision in either eye or about 1/10 vision. He does not wear glasses but with use of same has very nearly normal vision. The defect that he has is compound myopic astigmatism. Cannot find any disease of the eyes."

An official Administration examination dated January 12, 1923, revealed:

"Complains of headache, fading of vision and double vision at times.

Muscle tests: Exophoria 4' both eyes. Hypophoria, 2.5', in right eye. Hypophoria 3' in left eye. When using a red cover glass there is a divergent diplopia 4'.

Retinoscopy under homeatropine:  $-.75 \text{ plus } .25 \times 1.80 = \text{O.D.}$   
 $-.75 \text{ plus } .25 \times 1.80 = \text{O.S.}$

Correction prescription:

$-1.00 \text{ } -1.00 \times 1.80 = \text{O.D. vision } 20/20 \text{ Decentered out}$   
 $-1.00 \text{ } -1.00 \times 1.80 = \text{O.S. vision } 20/20$

Diagnosis: Compound myopic astigmatism and muscular imbalance."

The originating rating agency has denied service connection for the eye condition on the basis that the disability is a congenital or developmental defect and not a disease or disability under the meaning of the applicable legislation.

ESSENTIAL ELEMENTS FOR ENTITLEMENT: There is authority, with limitations, under the governing law and regulations, for wartime service connection of disability manifested during wartime service unless clearly and unmistakably



CELDON, Lynnwood G.  
C-16,909

incurred prior to such service. There is also provision for service connection of a preexisting condition on the basis of aggravation during war-time service.

EVALUATION AND DISCUSSION OF THE EVIDENCE: While there is no record of any visual defect noted at time of entry into service, the congenital nature of the eye condition present at discharge is such as to clearly and unmistakably show that the disability preexisted entry into service. There is no record of medical treatment having been accorded while in service. Special eye examinations conducted subsequent to discharge revealed no disease of the external or internal ocular structures and the visual acuity is shown to have been correctible to within normal limits by appropriate lenses. The Board after careful consideration of the nature of the eye condition and in view of the absence of findings indicating the existence of organic disease of the eyes, finds that the evidence is insufficient to permit the grant of service connection for the congenital or developmental ocular defect. Aggravation of the pre-enlistment condition by any incident of service is not disclosed.

DECISION: The Board finds that the evidence does not permit the grant of service connection for eye condition.

Reuben H. Sinclair  
Associate Member.

J. L. Brooner  
Associate Member.

Wm. Seydel  
Associate Member.

DISPATCHED

JUL 12 1946

BOARD OF VETERANS' APPEALS

Per

E



CELDON, Lynnewood G.

C-16,909

HEARING held in the Board Room, BOARD OF VETERANS' APPEALS, Veterans Administration, Washington, D. C., May 24, 1945, before the following representatives of the Board:

Mr. Harry M. Seydel, Chairman  
Dr. Gordon L. Groover  
Mr. Clifford A. Rush

The veteran was present and was represented by Captain John N. Egense, National Service Officer, Disabled American Veterans.

CHAIRMAN: This is the case of Lynnewood Celdon, C-16,909. Mr. Egense, will you state the question at issue and present the appeal?

MR. EGENSE: Mr. Chairman, the appeal in this case is for restoration of service connection for the condition which has been diagnosed as compound myopic astigmatism and muscular imbalance.)

The records show that the claimant entered the service June 26, 1916. He was examined at that time and no defects were noted. He was discharged from the service on an SCD for disability of defective vision, held as not in line of duty and existed prior to enlistment.

The veteran filed application for compensation on January 29, 1920. Service connection was granted and he was placed in Vocational Training. Later on, the case was considered by the Regional Rating Board February 2, 1946, based upon examination report of January 12, 1923, and service connection was denied for the eye condition. (Reads decision by Regional Rating Board, dated February 2, 1946).

As to the statement of the Regional Rating Board that "no further prosecution of the claim was made and no evidence was submitted following action of 2-2-23 severing service connection," the veteran was not interested in the compensation he had been receiving and the only reason for the case being before the Board at this time is due to the fact that he is still not interested in any monetary benefits but is interested in a rating which would grant him Civil Service preference.

The last examination of record is dated January 12, 1923, stating that correction prescription was 20/20 OD and OS.

Your attention is invited to the allegations of the veteran on Form P-9, dated February 26, 1946.

[There is no reason, according to the records, to believe that there was an eye condition existing at the time he entered the service. The veteran stated that during a sandstorm his eyes became affected, for which condition

May 6, 1946

Mr. William E. Tate,  
National Director for Claims,  
Disabled American Veterans,  
1701 - 18th Street, N.W.,  
Washington 9, D. C.

XXXX IDA  
OADA

CELDON, Lynnewood G.  
C-16 909

2514 - 14th St., N.W.,  
Washington, D. C.

My dear Mr. Tate:

The above identified claim is before the Board of Veterans' Appeals for consideration and a hearing on the appeal has been scheduled for

DATE: May 24, 1946

DAY: Friday

HOUR: 10:15 A.M.

PLACE: Room 202, Veterans Administration Building,  
Vermont Avenue and H Street, N. W.

Should you be unable to attend this scheduled hearing and a reasonable request for postponement is not received prior to the time set, the Board will proceed with its consideration of the case and you will be informed of the decision rendered.

All future correspondence regarding this claim should bear the file No. C-16 909. The veteran has also been notified of the date and hour of the hearing.

Very truly yours,

DISPATCHED

MAY 6 1946

R. L. JARNAGIN,  
Chairman,  
Board of Veterans' Appeals.

BOARD OF VETERANS' APPEALS  
PER \_\_\_\_\_ B: \_\_\_\_\_

Identical copy to the veteran

Form 3014  
Nov 1944

11-13-p

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION



# NOTICE OF TRANSFER OF CASE FILE

FROM Washington Regional Office 12 To Central Office  
(The case file and records checked below are transferred to your office herewith)

VETERAN'S NAME CELDON, Lynnewood G. C-No. 16 909

\*NAMES OF ALL PAYEES \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

REASON R & P 1325 Temporary

			COMPEN- SATION	PENSION	DISABILITY ALLOW- ANCE	
Rehabilitation Form 1901	<input type="checkbox"/> Form 511 a	<input type="checkbox"/> Form 6604				Date transferred <u>April 25, 1946</u> <u>C. F. MANOUWICZ, MANAGER</u> (Signature transferring officer) Date received _____ (Signature receiving officer)
Retired file	<input type="checkbox"/> Form 511 b	<input checked="" type="checkbox"/>				
Medical file	<input type="checkbox"/> Form 511 d	<input type="checkbox"/> Receiving				
Guardian- ship file	<input type="checkbox"/> Form 511 e	<input type="checkbox"/> Pending				
Form 253	<input type="checkbox"/> Form 2507	<input type="checkbox"/> Terminated				
Form 511	<input type="checkbox"/> Form 4702	<input type="checkbox"/> Disallowed				

\* Death cases only.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

## VETERANS ADMINISTRATION

P.O. 12 Wash D.C.  
(Field Station)

## AUTHORITY FOR TRANSFER OF CASE FOLDER

From: Adj Dir

Date 4-24-46

To: Transfer Unit, Mail and Records Section.

Subject: Alden, Lynnewood B. C 16909

Please prepare the case folder of the above-named veteran for

Temporary  
(Permanent or temporary)

transfer to

Board of Veterans Appeals Wash D.C.

Authority for transfer

RFP 1325

59  
az  
(Signed)

E D Sullivan

16-42397-1



## CERTIFICATION OF APPEAL UNDER R. AND P. 9804

Name CELDON, Lynnewood G.

C- No. 16 909

By ~~Soldier~~ Veteran  
(Title: Guardian, attorney, etc.)

An appeal has been taken in this claim from the rating of 2-2-46

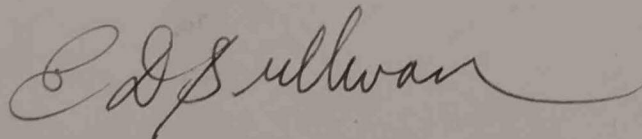
The appeal is for Service connection  
(Service connection, etc.)

For Myopic Astigmatism  
(Disability)

Under Public Law 2, 73rd Congress as amended.  
(Enactment)

IT IS HEREBY CERTIFIED that all material evidence required under existing instructions is a matter of record, that all assertions and representations advanced by the appellant and in his behalf have been considered and the issues determined.

Date April 23, 1946



E. D. SULLIVAN

(Adjudication officer or his designate)

Regional Office  
300 Indiana Avenue, N.W.  
Washington 25, D. C.  
April 23, 1946

A-39

C- 16 909

Mr. Lynnewood G. Geldon  
2514 - 14th St. N.W.,  
Washington, D. C.

Dear Sir:

This is in reference to your appeal.

Your appeal is being certified this date to the Board  
of Veterans' Appeals, Washington, D. C., and you will be further  
informed by that office.

Very truly yours,



E. D. SULLIVAN  
Adjudication Officer.

59  
DAA/wn  
cc/DAV



NOTICE OF TRANSFER  
OF CASE FILE

CENTRAL OFFICE

VA: WASHINGTON 1, D. C. 300 Indiana Ave.

FROM

TO

(The case file and records checked below are transferred to your office herewith)

16 909

Veteran's

Celdon, Lynnewood G.

NAME

C-No.

\*Names of  
all payees

2514 14th. Street, N. W., Wash. D. C.

OLD ADDRESS

NEW ADDRESS

Requests of Veterans Claims Service.

REASON

Rehabilitation Form 1901	Form 511 a	Form 6604	Compensation	Pension	Disability Allowance	Date transferred
Retired file	Form 511 b					4-3-46 ec
Medical file	Form 511 d	Receiving				W.C. Black (Signature Transferring Officer)
Guardian-ship file	Form 511 e	Pending				W.C. BLACK (Signature Receiving Officer)
Form 253	Form 2507	Terminated				Date received
Form 511	Form 4702	Disallowed				

\* Death cases only

PATENTED—MOORE BUSINESS FORMS, INC., NIAGARA FALLS, N.Y.

VETERANS ADMINISTRATION  
REFERRAL OR CALL MEMO

TO

*Field Supervisor*

*Wing 3*

*Box 101*

TIME

DATE

*3-23-46*

NAME

OF

ADDRESS OR PHONE

CALLED YOU

VISITED YOU

RETURNED CALL

PLEASE CALL

IS WAITING

WILL CALL AGAIN

NO MESSAGE

WISHES APPOINTMENT

IS REFERRED  
TO YOU

REMARKS

*C-16 909*

*Your letter of 3-13-46 noted*

V A FORM  
NOV 1945

3246

SIGNED

*Vet Claims Dir  
Arthur Smith for I*

25-67437-200M





# VETERANS ADMINISTRATION

WASHINGTON 25, D. C.



MAR 13 1946

YOUR FILE REFERENCE:

IN REPLY REFER TO: 8AD

C-16 909

Mr. Lynnewood G. Celdon  
2514 - 14th Street, N.W.  
Washington, D.C.

Dear Sir:

In reviewing your case, which was called to Central Office from the New York, New York Regional Office for the purpose of determining entitlement to disability preference, it is observed that service connection for a congenital eye condition is not in force and may not be authorized based upon the facts shown. You were so informed by letter of February 4, 1946 and notified of your right to enter a timely appeal from the decision rendered.

As you are residing in this city it is requested that you advise whether the present address is permanent in order that it may be known whether to place your case under the jurisdiction of the Washington Regional Office or return it to New York. Your records will be retained in Central Office temporarily pending the receipt of your advice in the matter.

Respectfully

*George E. Brown*

GEORGE E. BROWN  
Director, Veterans Claims Service



*The District Office said they had my case + that it is an appeal by me. I can't understand your letter because of this. L Celdon*

Received

Assistant

MAR 25 1946

Director, Veterans Claim Service

RECEIVED  
MAR 25 1946  
SAD  
IN  
VEIL



RECEIVED

MAR 29 1946

RECEIVED  
AUTHORIZATION  
GROUP 1

MAR 22 1946

VETERANS' CLAIMS SERVICE  
REFERRED TO

MAR 24 1946

RECEIVED



MAR 13 1946

8AD

Mr. Lynnewood G. Celdon  
2514 - 14th Street, N.W.  
Washington, D.C.

C-16 909

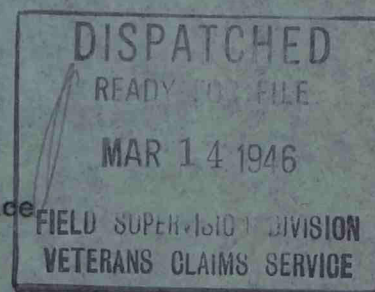
Dear Sir:

In reviewing your case, which was called to Central Office from the New York, New York Regional Office for the purpose of determining entitlement to disability preference, it is observed that service connection for a congenital eye condition is not in force and may not be authorized based upon the facts shown. You were so informed by letter of February 4, 1946 and notified of your right to enter a timely appeal from the decision rendered.

As you are residing in this city it is requested that you advise whether the present address is permanent in order that it may be known whether to place your case under the jurisdiction of the Washington Regional Office or return it to New York. Your records will be retained in Central Office temporarily pending the receipt of your advice in the matter.

Respectfully

GEORGE E. BROWN  
Director, Veterans Claims Service



# REFERENCE SLIP

TO THE FOLLOWING IN ORDER INDICATED

1.	NAME OR TITLE <i>Transfer Unit</i>	ORGANIZATION <i>Transfer Unit</i>	BLDG. AND ROOM No.	INITIALS <i>XSE</i>
				DATE <i>3/11</i>
2.	NAME OR TITLE	ORGANIZATION	BLDG. AND ROOM No.	INITIALS
				DATE
3.	NAME OR TITLE	ORGANIZATION	BLDG. AND ROOM No.	INITIALS
				DATE
4.	NAME OR TITLE	ORGANIZATION	BLDG. AND ROOM No.	INITIALS
				DATE

- ☐ APPROVAL  
☒ NECESSARY ACTION  
☐ RECOMMENDATION  
☐ RECOMMEND SIGNATURE

- ☐ PREPARE REPLY  
☐ NOTE AND FILE  
☐ NOTE AND RETURN  
☐ INFORMATION

REMARKS:

*This case transferred to  
C.O. 2/14/46*



*Reason: Review By the  
Administrator.*

*Place in CO not given*

FROM

*Transfer Unit*  
(NAME AND ORGANIZATION)

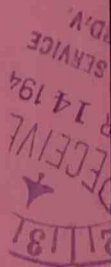
DATE

*3/11*

PHONE

(BUILDING AND ROOM NUMBER)





VETERANS ADMINISTRATION

REFERENCE SLIP

TO THE FOLLOWING IN ORDER INDICATED

1.	NAME OR TITLE <i>Central Office</i>	ORGANIZATION	BLDG. AND ROOM NO.	INITIALS
				DATE
2.	NAME OR TITLE	ORGANIZATION	BLDG. AND ROOM NO.	INITIALS
				DATE
3.	NAME OR TITLE	ORGANIZATION	BLDG. AND ROOM NO.	INITIALS
				DATE
4.	NAME OR TITLE	ORGANIZATION	BLDG. AND ROOM NO.	INITIALS
				DATE

- ☐ APPROVAL  
☐ NECESSARY ACTION  
☐ RECOMMENDATION  
☐ RECOMMEND SIGNATURE

- ☐ PREPARE REPLY  
☐ NOTE AND FILE  
☐ NOTE AND RETURN  
☐ INFORMATION

REMARKS:

*Celdon, Lynnewood G.*

*C-16 909*

*Case refer to your office*  
*2/28/46*



FROM

*Wash. Reg. Off. #12*

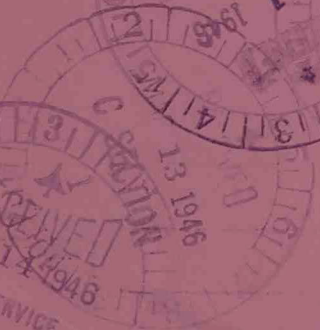
(NAME AND ORGANIZATION)

(BUILDING AND ROOM NUMBER)

DATE

PHONE

*3/1/46*





MAIL ROUTING SLIP

T.C. 2-27

BOARD OF VETERANS APPEALS  
MEDICAL AND HOSPITAL SERVICE  
NATIONAL HOMES SERVICE  
OFFICE OF THE EXECUTIVE ASSISTANT  
Investigation Service  
Coordination Service  
INSURANCE SERVICE

LIFE INSURANCE CLAIMS DIVISION  
Office of the Chief  
Legal Consultant  
Converted Insurance Subdivision  
Term Insurance Subdivision  
ADJUSTMENT SERVICE UNIT  
ADJUDICATION GROUPS

1	2	3	4	5	6
---	---	---	---	---	---

INSURANCE CLAIMS COUNCIL  
Office of the Chief  
1 2 3 4 5 6 7 8 9 0

VETERANS CLAIMS SERVICE

Office of the Director  
Rating Schedule Board  
Field Supervision Division  
Case Review Subdivision

CLAIMS DIVISION

OFFICE OF THE CHIEF  
Central Disability Board  
Authorization Subdivision

Office of the Chief

AUTHORIZATION GROUPS

1	2	3	4	5
---	---	---	---	---

Administration Subdivision

Office of the Chief

Special Claims Subdivision

OFFICE OF THE CHIEF

Special Claims Groups

A	B	C	D
01-25	26-50	51-75	76-00

DEPENDENTS CLAIMS SERVICE

Office of the Director  
Dependents Field Supervision  
Adjudicating Division

Office of the Chief

Dependents Subdivision

0-1	2-3	4-5	6-7	8-9
-----	-----	-----	-----	-----

Reimbursement Subdivision

Office of the Chief

1-2	3-4	5-6	7-8	9-10
-----	-----	-----	-----	------

New York Branch

CEN. COM. ON WAIVERS AND FORFEITURES

INDEX DIVISION

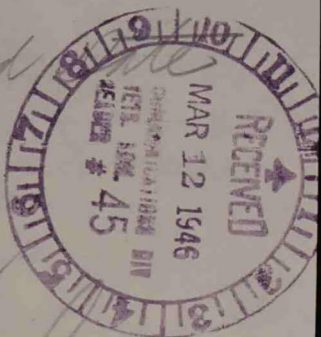
DECENTRALIZATION & TRANSFER SUBDIV.

Trampf Hunt

Please note where  
Case was T. T. to  
in C. O. and  
return

Thanks

M. C. Loper



REFER TO A-1-33

(Envelope attached)

CLAIMANT'S APPEAL TO ADMINISTRATOR OF VETERANS' AFFAIRS

3/1/46

Claim No. C 16 909

1. I, CELDON LYNNEWOOD G.  
(Print) (Last name) (First name) (Middle name)

hereby appeal from the decision rendered on my claim on Feb. 4, 1946 by the  
(Date of decision appealed from)

Veterans Administration at Regional Office No. 12 and request a review of  
(Office making decision appealed from)

my claim which is based on the service performed by Lynnewood G. Celdon  
71st N.Y. Inf. Federal Muster,  
rank private organization 165th U.S. Inf. during 1916 and 1917  
(Name of veteran) (Wartime and/or peacetime)

2. If the claimant is a person other than the veteran upon whose service this claim is based, state the  
relationship to such veteran \_\_\_\_\_  
(Widow, child, father, mother, etc.)

3. State whether a personal hearing in connection with the appeal is desired. See reverse side.  
X  
(Yes) (No)

4. Outline the alleged errors of fact or law in the decision from which the appeal is taken; for example,  
if the appeal is for service connection, the disabilities which are believed to be service connected  
should be named and the facts supporting appellant's contentions should be set forth. If the appeal  
is for a higher rating, each disability believed to be causing increased disability should be named.  
Attach additional sheets if necessary.

This is an appeal from a ruling of Regional Office dates Feb. 4, 1946  
in which said Regional Office ruled the reopening of this already once  
approved case was not be ordered.

The serviceman was approved for vocational training by the Veterans  
Bureau, was paid approximately \$155. a month during such training and  
was graduated, being presented with graduation certificate, after which  
10 percent. disability payments were continued for some time. The  
servicemen, being rehabilitated according to the Veterans Bureau,  
never pressed for continuance of disability payments in any percentage  
and was never informed such future claim would be denied or that the  
bureau at any time had so ruled and was not acquainted with this reported  
fact until just prior to February 4th, 1946 when he desired to reopen  
and reestablish a minimum of 10 percent disability.

Serviceman was a volunteer and served with honor, being given a  
discharge based on surgeon's certificate of disability, condition poor.  
Reason for the reestablishment of the 10 percent. is because it is needed  
to hold his civil service position, such position expiring March 9th,  
1946, under the enabling directive issued by the President which permits  
agencies to grant permanent status to disabled veterans of 10 percent.  
or more certification by the VA, but does not make such granting of  
permanent status mandatory!

Some declaration directed to Personnel Director Wilson of the Treasury  
department is sought immediately pending the outcome of this appeal.  
If separated before this case is finally adjudicated the possibility of  
petmanent status is lost and the job will be filled by another non-  
veteran as is being done quite extensively.

Date February 26, 1946 Signature of claimant Lynnewood G. Celdon

Address Apt. 401, Clifton Manor, 2514 14th St., N.W., Washington, D.C.

Note Provisions of Instructions on Back of This Sheet

16-2034-1



## INSTRUCTIONS GOVERNING APPEALS UNDER ACT OF MARCH 20, 1933

(Extracts from Veterans Regulation No. 2(a), Part II, as amended)

II. All questions on claims involving benefits under the laws administered by the Veterans Administration shall be subject to one review on appeal to the Administrator of Veterans' Affairs, decisions in such cases to be made by the Board of Veterans' Appeals. Jurisdiction to render final decisions on questions so reviewed on appeal shall vest in the Board of Veterans' Appeals in accordance with the provisions of paragraph I. \* \* \* The Board of Veterans' Appeals shall in its decisions be bound by the Regulations of the Veterans Administration, instructions of the Administrator of Veterans' Affairs, and the precedent opinions of the Solicitor.

III. Applications for review on appeal to the Administrator of Veterans' Affairs shall be filed (excepting in those claims involving simultaneously contested claims [see paragraph X (a) hereof]) within 1 year from the date of mailing of notice of the result of initial review or determination or from July 1, 1933, whichever is the later date. Applications for review must be filed with the activity which entered the denial. If no application for review on appeal is filed in accordance with this regulation within the time limit specified, the action taken on initial review or determination shall become final and the claim will not thereafter be reopened or allowed, except where subsequent to such disallowance new and material evidence in the form of official reports from the proper service department is secured the Administrator of Veterans' Affairs may authorize the reopening of the claim and review of the former decision. If application for review on appeal is entered within the time limit specified by regulations, a reasonable time thereafter will be allowed, if requested, for the perfection of the appeal and the presentation of additional evidence before final determination or decision is made. For the purpose of this paragraph, application for review on appeal, filed with the activity which entered the denial, which is postmarked prior to the expiration of the 1-year period will be accepted as having been filed within the time limit.

V. Application for review on appeal may be made in writing by the claimant, his legal guardian, or such accredited representative as shall be selected by him. Not more than one recognized organization or representative will be recognized at any one time in the prosecution of a claim.

VII. In each application for review on appeal the name and service of the veteran on account of whose service the claim is based must be stated, together with the number of the claim and the date of the action from which the appeal is taken. The application must clearly identify the benefit sought.

VIII. Each application for review on appeal should contain specific assignments of the alleged mistake of fact or error of law in the adjudication of said claim, and any application for review on appeal insufficient in this respect may be dismissed.

X. (a) In simultaneously contested claims where one is allowed and one rejected, the time allowed for the filing of an application for review on appeal shall be 60 days from the date of mailing notice of the original action to the claimant to whom the action is adverse. In such cases the activity concerned shall promptly notify all parties in interest of the original action taken, expressly inviting attention to the fact that an application for review on appeal will not be entertained unless filed within the period of 60 days herein prescribed. Such notices shall be forwarded to the parties in interest to the last known address of record.

\* \* \* \* \*

A hearing will be allowed, if desired, either before the agency of original jurisdiction, which will conduct the hearing for the Board of Veterans' Appeals, or before the Board of Veterans' Appeals. If the hearing is held before the agency of original jurisdiction, it will be in lieu of a hearing before the Board of Veterans' Appeals. Whether a hearing is held in a field office of the Veterans Administration or before the Board of Veterans' Appeals, it is to be understood that such hearings must be held without any expense to the Government. All evidence on file is thoroughly considered regardless of whether a hearing has been held.

RECEIVED  
MAR 14 1946  
SP. SERVICE  
SHEP.V.



# NOTICE OF TRANSFER OF CASE FILE

FROM Washington Regional Office #12 TO Central Office

(The case file and records checked below are transferred to your office herewith)

Veteran's CELTON, Lynnewood C.No. 16 909

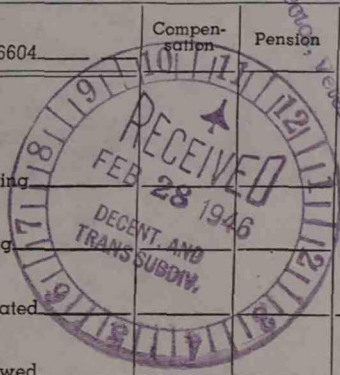
\*Names of all payees \_\_\_\_\_

OLD ADDRESS 2514 14th St., N. W., Washington, D. C.

NEW ADDRESS 720 Super

REASON A & P 643-B Authority G.O. Temporary

Rehabilitation Form 1901	Form 511 a	Form 6604	Compensation	Pension	Disability Allowance	Date transferred <u>February 28, 1946</u>
Retired file	Form 511 b					<u>C. F. Naumowicz</u> C. F. NAUMOWICZ, MGR. (Signature Transferring Officer)
Medical file	Form 511 d	Receiving				Date received _____
Guardianship file	Form 511 e	Pending				
Form 253	Form 2507	Terminated				
Form 511	Form 4702	Disallowed				(Signature Receiving Officer)



Director, Veterans Claim Service  
APR 11 1946

\* Death cases only

## VETERANS ADMINISTRATION

*Washington Regional Office*  
(Field Station)

## AUTHORITY FOR TRANSFER OF CASE FOLDER

From:

*Adj.*

Date

*2-27-46*

To:

Transfer Unit, Mail and Records Section.

Subject:

*Caldon, Lynwood**C-16-909*

Please prepare the case folder of the above-named veteran for

(Permanent or temporary)

transfer to

*Central Office*

Authority for transfer

*R+P 643-B**Authority C.O. office*

(Signed)

*D.P. Red.*



Regional Office #12  
300 Indiana Avenue, N.W.  
Washington 25, D.C.  
February 21, 1946

A-1-33

Mr. Lynnewood Geldon  
2514 - 14th Street, N.W.  
Washington, D.C.

C 16 909

Dear Sir:

This is in reference to your pension claim.

It is indicated from the evidence of record that you desire to appeal the decision rendered in your pension claim. There is herein enclosed a form P-9 "Claimant's Appeal to Administrator of Veterans' Affairs".

Should you desire to file an appeal in this matter it is necessary that you complete this form and return same to this office.

You have the right to appeal from the determination made in your pension claim, provided you enter such appeal within one year from February 4, 1946.

Very truly yours,

*E. D. Sullivan*  
E. D. SULLIVAN  
Acting Adjudication Officer

Enclosure  
Form P-9

*[Signature]*  
CC:DAV  
BR/pa

LOOKUP

Mail & Records

Attach Case Folder and Forward to

300 Indiana Avenue, N. W. Finance

Washington 25, D. C.

December 21, 1945

MR-3

Manager  
Veterans Administration  
Batavia, New York

CELDON, Lynnewood G.  
C- 16909

Dear Sir:

It is requested that the case file designated above be transferred to the Washington, D. C., Regional Office #12, for the reason that the veteran **is residing within the territory of this office.**

If this is a litigated case, the file should be transferred unless the office of the United States Attorney is of the opinion that the transfer will interfere or effect litigation.

If your records disclose that the case file has been transferred to another Regional Office or Facility, please refer this request to the proper field station for attention, and inform this office of such reference.

Very truly yours,

ALMA H. DUBE  
Chief, Mail and Records Unit

AND/rhl

*Pending  
12-26-45*

RECEIVED

FEB 27 1946

ADJUTANT GENERAL GRP. 1  
WASH., D. C.; R. O. #12  
VETS. ADM.





# NOTICE OF TRANSFER OF CASE FILE

FROM Washington Regional Office 12 To Central Office

(The case file and records checked below are transferred to your office herewith)

VETERAN'S NAME CELDON, Lynnewood C-No. 16 909

\*NAMES OF ALL PAYEES \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_

NEW ADDRESS 2514 14th St., N. W., Washington, D. C.

REASON Review by the Administrator Temporary

Rehabilitation Form 1901	<input type="checkbox"/>	Form 511 a	<input type="checkbox"/>	Form 6604	<input type="checkbox"/>	COMPEN- SATION	PENSION	DISABILITY ALLOW- ANCE	Date transferred <u>February 14, 1946</u> <i>H. F. Dickensheets</i> H. F. DICKENSHEETS, MGR. <i>JSE</i> (Signature transferring officer)  Date received _____  (Signature receiving officer)
Retired file	<input type="checkbox"/>	Form 511 b	<input type="checkbox"/>						
Medical file	<input type="checkbox"/>	Form 511 d	<input type="checkbox"/>	Receiving					
Guardian-ship file	<input type="checkbox"/>	Form 511 e	<input type="checkbox"/>	Pending					
Form 253	<input type="checkbox"/>	Form 2507	<input type="checkbox"/>	Terminated					
Form 511	<input type="checkbox"/>	Form 4702	<input type="checkbox"/>	Disallowed					

\* Death cases only.

# NOTICE OF TRANSFER OF CASE FILE

FROM Central Office TO V.A.R.O. 300 Indiana Ave. N.W. Wash 25, D.C.  
(The case file and records checked below are transferred to your office herewith)

Veteran's  
NAME Celdon, Lynnewood G. C-No. 16 909

\*Names of  
all payees \_\_\_\_\_

OLD ADDRESS 2514 14th St., N. W., Washington, D. C.

NEW ADDRESS \_\_\_\_\_

REASON Residing. 6604 will follow.

Rehabilitation Form 1901 _____	Form 511 a _____	Form 6604 _____	Compensation	Pension	Disability Allowance	Date transferred <u>2-14-46 fp</u>
Retired file _____	Form 511 b _____					
Medical file _____	Form 511 d _____	Receiving _____				
Guardianship file _____	Form 511 e _____	Pending _____				
Form 253 _____	Form 2507 _____	Terminated _____				
Form 511 _____	Form 4702 _____	Disallowed _____				

RECEIVED

FEB 18

ADJUDICATION  
WASH., D. C., R. O.  
VETS. ADM.

W. C. Black, Dir. Adm. Serv.  
(Signature Transferring Officer)

Date received \_\_\_\_\_

(Signature Receiving Officer)

\* Death cases only

PATENTED—MOORE BUSINESS FORMS, INC., NIAGARA FALLS, N.Y.

## Office Memorandum • UNITED STATES GOVERNMENT

DATE: February 9, 1946

TO :

FROM : H. F. DICKENSHEETS, Manager

SUBJECT: Lynnewood Celdon  
C-16 909

*[Handwritten signature]*  
HFD  
2/14/46

This man called me on February 5, 1946 requesting an eye examination to assist him in showing service connection for an eye condition said service connection had been traced to World War I. I advised him that a medical examination was not the thing that was necessary as the records of this office show that his eye condition is rated as not due to nor aggravated by his military service. I advised him that it would be necessary for him to submit additional proof as to service incurrence of the eye condition at which time, if it was held by the condition was due to the service, a medical examination could be made to determine the extent of the disability. He advised me that he did not know how he could get proof of his service incurrence and I thereupon advised him of his rights to appeal. He stated that he would file an appeal in the very near future.

*[Handwritten signature]*

H. F. DICKENSHEETS  
Manager

Feb. 11, 1946

Phoned Miss Landis and read the above to her. She will contact the veteran to ascertain when he will submit his appeal. She will call us back.

CHW

2/12/46-Miss Landis reported that the veteran is at home sick.

CHW



Rev. Oct. 1945

MAIL ROUTING SLIP

BOARD OF VETERANS APPEALS  
MEDICAL AND HOSPITAL SERVICE  
NATIONAL HOMES SERVICE  
OFFICE OF THE EXECUTIVE ASSISTANT

Investigation Service  
Coordination Service  
INSURANCE SERVICE

LIFE INSURANCE CLAIMS DIVISION

Office of the Chief  
Legal Consultant  
Converted Insurance Subdivision  
Term Insurance Subdivision

ADJUSTMENT SERVICE UNIT  
ADJUDICATION GROUPS

1	2	3	4	5	6
---	---	---	---	---	---

INSURANCE CLAIMS COUNCIL

Office of the Chief

1 2 3 4 5 6 7 8 9

VETERANS CLAIMS SERVICE

Office of the Director  
Rating Schedule Board  
Field Supervision Division

Case Review Subdivision

CLAIMS DIVISION

OFFICE OF THE CHIEF

Central Disability Board

Authorization Subdivision

Office of the Chief

AUTHORIZATION GROUPS

1 2 3 4 5

Administration Subdivision

Office of the Chief

Special Claims Subdivision

OFFICE OF THE CHIEF

Special Claims Groups

A	B	C	D
01-25	26-50	51-75	76-00

DEPENDENTS CLAIMS SERVICE

Office of the Director  
Dependents Field Supervision  
Adjudicating Division

Office of the Chief

Dependents Subdivision

0-1 2-3 4-5 6-7 8-9

Reimbursement Subdivision

Office of the Chief

1-2 3-4 5-6 7-8 9-10

New York Branch

CEN. COM. ON WAIVERS AND FORFEITURES

INDEX DIVISION

DECENTRALIZATION & TRANSFER SUBDIV



RECEIVED

FEB 26 1946

ASSOCIATION GRP. 1  
WASH. D. C. R. O. #12  
VETS. ADM.

**LETTERGRAM**

This form is to be used instead of the telegraph for urgent communications when it can reach destination in time to effect its object.

For use in the mails it should be enclosed in Lettergram envelope and forwarded by first mail.

In reply  
refer to ADJ:180

Subject: CELDON, Lynnewood  
C-16 909

To: Director  
Veterans Claims Service  
Veterans Administration  
Washington 25, D. C.

Office 252 7th Ave., N.Y. 1, N.Y.

Date February 4, 1946

Attention: Mr. Freudenberger

Dear Sir:

This will acknowledge receipt of your lettergram of January 26, 1946, enclosing veteran's original communication addressed to the Administrator in connection with his desire to establish entitlement to veteran's disability preference with a minimum rating of at least 10%.

Examination of the case folder discloses that the veteran's claim is at present in a disallowed status having last been reviewed under date of March 20, 1928, at which time he was found to have no service connected disability.

The records disclosed that he originally was granted a temporary partial 10% rating in February 1920 under the laws then in effect on account of disability of myopic astigmatism, and received pension for this disability effective from October 12, 1917 to February 6, 1921.

He entered vocational training February 7, 1921 and continued therein until February 1923. Subsequent review of his case resulted in a decision under date of February 2, 1923 which severed service connection for the eye disability in accordance with existing interpretation at that time. There is no record of the veteran reopening his case or submitting any evidence at any subsequent date until the receipt of your lettergram of January 26, 1946.

The veteran's recent communication addressed to the Administrator has been construed as an application to reopen his claim under existing laws, and on the basis of a complete review

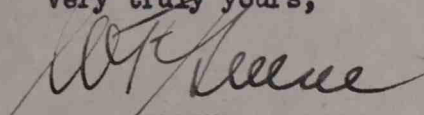
**THIS FORM SHOULD NOT BE USED FOR ROUTINE CORRESPONDENCE**



of the records, his eye condition is held as not incurred in or shown to have been aggravated by service. The decision of the rating board is cited herewith for your information.

This case will now be released for transfer to Central office for review by the Administrator pursuant to telephonic request of this date.

Very truly yours,



W. F. GREENE  
Adjudication Officer



*ok*  
*ms*

VETERANS ADMINISTRATION

252 7th Avenue, New York 1, N. Y.

(Field Station)

**AUTHORITY FOR TRANSFER OF CASE FOLDER**

From: **Adjudication Officer**

February 4, 1946  
Date **ADJ:180**

To: **Transfer Unit, Mail and Records Section.**  
**CELDON, Lynnewood**  
Subject: **C-16 909**

Please prepare the case folder of the above-named veteran for  
**General Omar Bradley's Office, Miss Landis, Secretary Room 1001**  
transfer to **Veterans Administration, Washington, 25, D. C.**  
(Permanent or temporary)

**Review by the Administrator.**  
Authority for transfer

(Signed) **W. F. GREENE**

252 7th Avenue, New York 1, N. Y.

February 4, 1946

Mr. Lynnewood Celdon  
2514 14th Street, N. W.  
Washington, D. C.

C-16 909

ADJ:180

Dear Sir:

This will serve to acknowledge receipt of your letter dated January 24, 1946, directed to the Administrator, and forwarded to this office for appropriate attention.

An examination of the records pertaining to your claim disclosed that you were originally granted an award of compensation in February 1920 under a temporary partial 10% disability rating for an eye condition under the laws then in effect. Later examination disclosed that your vision was corrected to normal, and upon a further review of your claim in February 1923, service connection for your eye condition was severed inasmuch as it was found, on the basis of all of the evidence, that the condition was of congenital and developmental origin, not related to your military service, and was not aggravated thereby. The records disclosed further that you failed to take any further action in your case at that time.

Your recent letter to the Administrator has been construed as a review of your claim under all present laws. Accordingly, your case has been reviewed by a rating board at this office on the basis of all of the evidence on file and it has been determined that the condition referred to is not shown to have been the result of your military service, or was aggravated thereby. Accordingly, the prior decision denying service connection for your disability was confirmed and continued.

You have the right to appeal from this determination provided you enter such appeal within one year from the date of this letter.

Future communications relative to your claim should bear your name, address and C-number given above.

Very truly yours,

W. F. GREENE  
Adjudication Officer



## LETTERGRAM

This form is to be used instead of the telegraph for urgent communications when it can reach destination in time to effect its object.

For use in the mails it should be enclosed in Lettergram envelope and forwarded by first mail.

In reply  
refer to

ADJ:180

Office 252 7th Ave., N.Y. 1, N.Y.

Subject:

CELDON, Lynnewood  
C-16 909

Date February 4, 1946

To:

Director  
Veterans Claims Service  
Veterans Administration  
Washington 25, D. C.

Attention: Mr. Freudenberger

Dear Sir:

This will acknowledge receipt of your lettergram of January 26, 1946, enclosing veteran's original communication addressed to the Administrator in connection with his desire to establish entitlement to veteran's disability preference with a minimum rating of at least 10%.

Examination of the case folder discloses that the veteran's claim is at present in a disallowed status having last been reviewed under date of March 20, 1928, at which time he was found to have no service connected disability.

The records disclosed that he originally was granted a temporary partial 10% rating in February 1920 under the laws then in effect on account of disability of myopic astigmatism, and received pension for this disability effective from October 12, 1917 to February 6, 1921.

He entered vocational training February 7, 1921 and continued therein until February 1923. Subsequent review of his case resulted in a decision under date of February 2, 1923 which severed service connection for the eye disability in accordance with existing interpretation at that time. There is no record of the veteran reopening his case or submitting any evidence at any subsequent date until the receipt of your lettergram of January 26, 1946.

The veteran's recent communication addressed to the Administrator has been construed as an application to reopen his claim under existing laws, and on the basis of a complete review

THIS FORM SHOULD NOT BE USED FOR ROUTINE CORRESPONDENCE

of the records, his eye condition is held as not incurred in or shown to have been aggravated by service. The decision of the rating board is cited herewith for your information.

This case will now be released for transfer to Central office for review by the Administrator pursuant to telephonic request of this date.

Very truly yours,

W. F. GREENE  
Adjudication Officer

TYPED 3:50 P M

*mc*  
*2-2-46*

From: V A N Y R O #6

IG:MC

RADIOGRAM

MISS LANDIS OFFICE OF ADMINISTRATOR  
VETERANS ADMINISTRATION  
ARLINGTON BUILDING WASHINGTON D C

N Y N Y FEBRUARY 2, 1946

CASE FOLDER LYNNWOOD GELDON C 16909 RERATED UNDER ALL EXISTING  
LAWS NO SERVICE CONNECTED DISABILITY SHOWN TO EXIST  
LETTERGRAM TO DIRECTOR VETERANS CLAIMS SERVICE FOLLOWS CONTAINING  
COMPLETE REPORT

OFFICIAL BUSINESS  
PRIORITY

A J DALTON  
ACTING MANAGER  
NEW YORK REGIONAL OFFICE

CONFIRMATION





## LETTERGRAM

This form is to be used instead of the telegraph for urgent communications when it can reach destination in time to effect its object.

For use in the mails it should be enclosed in Lettergram envelope and forwarded by first mail.

In reply  
refer to 8AD

Office Central

Subject: CELDON, Lynnwood G.  
C-16 909

Date January 26, 1946

To:  
Manager  
215 W. 24th St.,  
New York 11, New York

Attention: Adjudication Officer

There are attached hereto the letter from this veteran to the Administrator dated January 24, 1946 and a copy of the Central Office acknowledgment under even date.

Your especial attention is invited to the veteran's desire to "show a 10% rating prior to February 9th" in connection with Government employment. Kindly see that the records relating to this veteran are reviewed without delay and that any indicated action is accomplished.

*George E. Brown*

GEORGE E. BROWN  
Director, Veterans Claims Service

Att.

THIS FORM SHOULD NOT BE USED FOR ROUTINE CORRESPONDENCE

January 26, 1946

8AD

Mr. Lynnewood G. Celdon  
Room 643, Washington Building  
15th and G Street, N.W.  
Washington, D.C.

C-16 909

Dear Sir:

General Bradley has suggested that we speed this reply by acknowledging directly your letter dated January 24, 1946.

As your principal claims file is in the possession of the New York, New York Regional Office, 215 W. 24th Street, your communication is being forwarded there for appropriate attention and you will no doubt be informed relative to your desire to obtain a compensable rating in order that disability preference certification may be made in connection with Government employment under the United States Civil Service regulations.

Respectfully

GEORGE E. BROWN  
Director, Veterans Claims Service



TREASURY DEPARTMENT  
WASHINGTON



WAR FINANCE DIVISION

Lynnewood Celdon  
Managing Editor (Operational Title)  
Advertising Specialist, Gr. 12 (Payroll Title)  
National War Finance Division  
Room 643, Washington Building  
15th and G Streets, N.W.

January 24, 1946

General Omar Bradley, Director  
Veterans Administration  
Washington, D.C.

Received

Office of the Assistant

JAN 26 1946

Director, Veterans Claim Services

RECEIVED

OFFICE OF ASST. ADMINISTRATOR

JAN 25 1946

FOR CLAIMS

RE: The above person  
Veterans Bureau Case Number C-16909  
Pending dismissal from government

My dear General Bradley:

I am employed as stipulated above and come under the reduction in force order, effective February 9th, 1946.

I was trained as a newspaper man by the Veterans Bureau, above case number, in 1922. During this training period I received \$155. monthly, and after graduation was paid \$8. per month for ten percent disability for some years until the Economy League acted.

As a government employee I can come under the President's permanent status directive and hold a job if I can show a ten percent rating prior to February 9th. I have asked the Disabled American Veterans to help but they do not seem to be accomplishing much. Therefore this letter to you in view of the urgency.

My training was handled through the old Binghamton, New York, office and now is in the New York office, I presume. The DAV has written its man in New York but as yet, after two months, their man has failed to reply to their letter from here.

I would appreciate it if I could be examined to determine if I am eligible for permanent status. I have a good position to go to, if this is proved through the VA.

I feel you can see the urgency of this case and that you will assign some one to help expedite this matter. Perhaps the VA can ask the Treasury to defer action pending a decision in this matter.

Sincerely

*Lynnewood Celdon*

RECEIVED

JAN 25 1946

SUPERVISION DIVISION  
VETERANS CLAIMS SERVICE

RECEIVED

JAN 25 1946

Office of Director  
Veterans Claim Service



215 W. 24th St., New York 11, N. Y.

December 24, 1945

ADJ:196

CELDON, Lynnewood  
C 16 909

Mr. D. H. Edwards  
American Red Cross  
215 W. 24th St.,  
New York 11, N. Y.

Dear Sir:

Please be advised that the above named veteran has cancelled his power of attorney authorizing your service organization to represent him and has filed a P-22 in favor of another service organization.

Very truly yours,

*B Ruben*

W. F. GREENE  
Adjudication Officer

BR/ms

215 West 24th St., New York 11, New York  
December 24, 1945

ABJ:196

Mr. Abraham Janko  
Disabled American Veterans  
215 W. 24th St.,  
New York 11, N. Y.

CELDON, Lynnewood  
C 16 909 ✓

Dear Sir:

This will acknowledge receipt of Form P-22, appointing you as the duly authorized representative of the above named veteran.

Appropriate notation has been made in the veteran's case file, and you will be advised of all future action taken.

Very truly yours,

*W. F. Greene* BR

W. F. GREENE,  
Adjudication Officer.

BR/ms

Mimeo Adj #62 - 5-5-45

Adjudication Form 607  
Rev. March 1943

VETERANS ADMINISTRATION

December 15, 1945  
In reply refer to: MCB-Bb

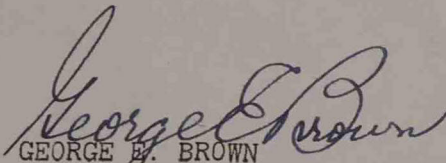
From: Director, Veterans Claims Service  
Veterans Administration, Washington 25, D. C.

To: Manager 215 West 24th Street, New York 11, New York  
Attention: Adjudication Officer

Subject: Attached correspondence -- C- 16,909

The attached papers received in Central Office are transmitted for your attention and any action necessary.

Enclosures. 2  
Form P-22 dated 12-3-45 naming DAV;  
cc of C. O. acknowledgment.

  
GEORGE E. BROWN





*Satanici*

## REQUEST FOR CHANGE OF ADDRESS

Date Dec 10, 1945

To: VETERANS ADMINISTRATION,

Washington D. C.  
(Location)

Identification No. C-16909  
(C, XC, A, I, K, N, V, Service)

Full name of payee Lynnewood G. Aldon

Name, rank, and organization  
of veteran (or person in service) Pvt. Hdg. Co., 165th U.S. Inf. 42nd Div.  
(Name may be omitted if same as payee)

You are advised that my address has been changed as indicated below:

Old Elmira N.Y. { case was in Binghamton N.Y. Sub office  
(Street and number) (City or town, zone number) (State)

New 2514-14th St N.W. Washington D. C.  
(Street and number) (City or town, zone number) (State)

It is requested that all mail addressed to me be forwarded to my new address as shown above.

Respectfully,

Lynnewood G. Aldon  
(Signature)  
*Per B.R. Jordan*  
*D.A. Lewis*

RECEIVED

FEB 27 1946

ADJUDICATION GRP. 1  
WASH., D. C., R. O. #12  
VETS. ADM.



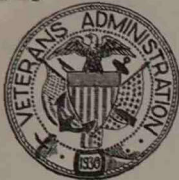
RECEIVED

DEC 19 1945

WASH., D. C., R. O. #12  
VETERANS ADMINISTRATION







# VETERANS ADMINISTRATION

WASHINGTON 25, D. C.

December 15, 1945



YOUR FILE REFERENCE:

IN REPLY REFER TO: MCB-Bb  
C-16,909

Mr. Lynnewood Celdon  
2514 - 14th Street, N. W.  
Washington, D. C.

Dear Sir:

This will acknowledge receipt of your communication, Form P-22, Appointment of Service Organization as Claimant's Representative, signed by you December 3, 1945.

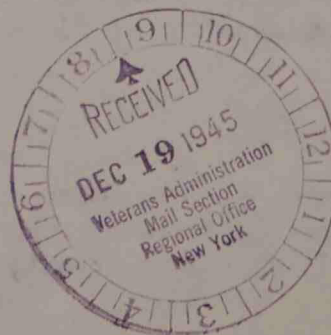
Your communication has been referred for consideration and reply to the office having jurisdiction, the Veterans Administration. Regional Office, 215 West 24th Street, New York 11, New York.

Respectfully,

GEORGE E. BROWN

Director, Veterans Claims Service

Adjudication Form 680  
Rev. July 1943



APPOINTMENT OF SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

C-No. 16-909

KNOW ALL MEN BY THESE PRESENTS, That I, Lynnewood celdon

(Name of applicant)

of 2514 14th St., N.W. Wash. D.C.

(Residence)

(Relationship to veteran)

claiming benefits from the Veterans' Administration by virtue of the service of \_\_\_\_\_

(Name

of veteran)

\_\_\_\_\_, formerly a member of Hdq. Co. 165th U.S. Inf. 42 Div.

(Rank and

& 71st Inf. (under Federal muster)

organization)

do hereby appoint Disabled American Veterans

(Name of organization)

my attorney to present my claim before the Veterans' Administration for all benefits to which I may be entitled or become entitled under the laws administered by the Veterans' Administration and to receive any information from the Veterans' Administration in connection therewith.

It is understood that no fee or compensation of whatsoever nature will be charged me for service rendered pursuant to this power of attorney and that this power of attorney may be canceled by me on written notice to the Veterans' Administration.

WITNESS my hand and seal this 3rd day of December, 1945

at Washington, D.C.

Lynnewood celdon

(Signature of veteran, guardian, or dependent)

2514 14th St. N.W. Wash. D.C.

NOTE.—So long as this appointment is in effect the organization named herein will be recognized as the sole agent for the presentation of your claim before the Veterans' Administration and no other organization or person, except yourself, will be recognized by the Veterans' Administration in connection with your claim or any portion thereof.





VETERANS' ADMINISTRATION  
NEW YORK, N.Y. REGIONAL OFFICE

7/13/40  
DATE

This case was referred for review under the provisions of Administrator's Office Service Letter, dated August 8, 1939, Subject "REVIEW OF COMBAT INJURY CASES RATED LESS THAN 10%", and combat injury not found.

[Signature]  
ADJUDICATOR.

ADJUDICATION

FILED

341 Ninth Ave.,  
New York, N.Y.,  
August 28, 1939.

DATE .....

CLERK .....

Mr. Lynnewood G. Celdon,  
67 West 96th St.,  
New York, N.Y.

ADJ-4

C-16 909

Dear Sir:

Enclosed you will find a certificate of graduation issued  
to you in connection with the completion of your training through this  
Administration.

By direction,

W. T. FITZGERALD,  
Adjudication Officer.

Encl.

AL:PT





VETERANS ADMINISTRATION

WASHINGTON

August 25, 1939

ADJUDICATION

FILED

DATE 8/28/39

YOUR FILE REFERENCE: 14

IN REPLY REFER TO: MCB-B

Manager,  
New York, N.Y.

CELDON, Lynnewood G.  
C-16, 909

67 West 96th Street  
New York, N.Y.

There is enclosed a certificate of graduation issued  
for Mr. Lynnewood G. Celdon, which you will please sign and de-  
liver to him at the address given.

*George E. Brown*  
GEORGE E. BROWN,  
Director, Veterans' Claims Service.

Encl.







(MR. EGENSE - CONTINUED):

he was later discharged by reason of SCD. It is believed that service connection was correctly established at that time, although there is no record of treatment for the eye condition in service.)

As the claimant is present, he would like to make a statement in support of his contention.

CHAIRMAN: All right, Mr. Celdon, you may proceed.

CLAIMANT: The report mentions that the condition existed prior to enlistment. I volunteered for Mexican Border service in 1916 and in August of that year was blinded in a sandstorm. I was later transferred to Headquarters of the 165th Infantry (69). I was with the New York National Guard and then was mustered into Federal service. My discharge states that the eye condition existed prior to muster in - and not prior to enlistment and I was in good health at the time. A year and a half later they discharged me for defective vision and my physical condition when discharged was poor. In order to make it clear I have an affidavit, dated in 1937, from the Acting Adjutant General of the Army in which he acknowledges my letter of September 30, 1937 telling him I had had difficulty in obtaining employment because of the fact that my certificate of discharge indicates I was a member of the National Guard only. He goes on to state that I enlisted in the New York National Guard June 26, 1916 and was mustered into the Federal Service the same date as I enlisted and then I was mustered out of the Federal service. I again reported for duty March 26, 1917 as a Private, Company "C", 71st Infantry. Up to that time I had been in the National Guard and then was transferred to the 165th Infantry and was discharged October 11, 1917.

After my discharge from service I took up vocational training, being rehabilitated as a staff photographer and journalist and the date the Rating Board referred to in its rating as February 2, 1923 when it terminated the award appears to have been the date of my graduation from vocational training. I then realized the government had been spending money on me to give me this training and I was now "on my own." I have been making a living ever since. I would like to get a Civil Service preference, for as a government employee I can come under the President's permanent status directive and hold a job if I can show a ten per cent rating prior to February 9, 1946.

Dr. C. P. Kent of Washington is my physician. He examined me lately and he thought that loss of sugar in the blood affected my eyes and he sent me over to a specialist on K Street and I was in his office for about an hour and a half and he said there was absolutely nothing wrong. I have to make a living with my eyes. I know my eyes were not in the same condition when I went into the service. Of course, when you get to be around 48 or 49



(CLAIMANT - CONTINUED):

I suppose everybody's eyes bother them to a certain extent. After my discharge from service I went back to work at my old job as chauffeur but couldn't get a license on account of my eyes. Then I went to work for Swift and Company and then decided I wanted Vocational Training. My contention is that I have at least a ten per cent disability because of my eyes. I am willing to have my eyes tested.

CHAIRMAN: You say you were in a sandstorm?

CLAIMANT: Yes, the entire Division was on a ten day hike at the time under the command of Captain W. H. Healey. Several of us were affected by this sandstorm. I complained to an Austrian physician attached to the Regiment with the rank of a Major. Unfortunately, I never have had a complete record of my military service.

MR. EGENSE: Did you get any treatment for your eyes at this time?

CLAIMANT: No, I did not. When we came back in November my mother took me to a Dr. Payne who was an eye specialist, one of the best in the world. His office was over on 45th Street and Fifth Avenue, New York. He said I was suffering from an eye condition, I don't remember the medical term for it. I was then admitted to the hospital with pneumonia and after I recovered was called back into the service and transferred to the 165th Infantry - 42nd Division - Rainbow Division - at Camp Mills. We were all given slips and sent to the Medical Department for examination. Nothing happened. Then the top Sergeant called us all up front and gave us a discharge. I then went down to Spartansburg, South Carolina, and tried to re-enlist but they would not take me there.

I feel this way about things. I feel I am entitled to a ten per cent rating. My discharge does not say the condition existed prior to enlistment - it says it existed prior to muster. I served for almost a year and a half in the Army and I contend the condition developed during that time as a result of the sandstorm. I am willing to submit to an eye test.

CHAIRMAN: (to Board Members) Do you have any questions? (No questions indicated). Mr. Egense, is there anything further? (Nothing further indicated). The Board will give careful consideration to the appeal and will advise all interested persons when a decision has been reached. Thank you for coming in, Mr. Celdon.

\* \* \* \* \*

(Hearing adjourned)

hmc  
5-27-46



July 24, 1939

MCB-D

Mr. Lynnewood G. Celdon  
67 West 96th Street  
New York, N.Y.

C-16 909

Dear Sir:

This will acknowledge the receipt of your letter of July 14, 1939, stating that you have lost your certificate of graduation and requesting a duplicate thereof.

In reply you are informed that a duplicate certificate will be issued in this instance. However this office would not be able to furnish you another duplicate because of the limited supply of certificates on hand.

Respectfully,

GEORGE E. BROWN,  
Director, Veterans' Claims Service.



Lynnwood G. Celdon,  
67 West 96th Street,  
New York, New York.

July 14, 1939.

The United States Veteran Bureau,  
Washington, D.C.

Gentlemen:

I was discharged from the 165th U.S. Infantry by reason of surgeon's certificate of disability and subsequently was given Vocational Training and a graduation certificate as rehabilitated by the Veteran Bureau.

I have lost this graduation certificate and would appreciate very much if your department would forward to me a new certificate.

As I remember it my training number was C-16 909.

Sincerely,

Lynnwood G. Celdon

107c  
Classified case  
as rehabilitated  
and certificate  
issued 8/23/24  
Issue duplicate, and  
advise Veteran that we  
will be unable to issue  
another duplicate because  
of the similar supply of certificates  
on hand  
JHC 7/21





1400 Broadway  
New York, New York

July 14, 1939

The United States Veterans Bureau  
Washington, D.C.

Sir:

I was discharged from the 108th U.S. Infantry by reason of surgeon's certificate of disability and subsequently was given vocational training and a graduation certificate as rehabilitated by the Veterans Bureau.

I have lost this graduation certificate and would appreciate very much if your department would forward to me a new certificate.

As I remember my training number was C-16 209.

Sincerely,



## REPORT OF CONTACT

Office

Date

No.

(C - XC - K - etc.)

Name

(Of ex-serviceman)

Address

Person contacted

Address

(To whom information is given or from whom received)

Personally

Telephone

Place of Contact

Give brief statement of information requested and given:

Advised regarding status  
of claim also that present  
laws and regulations did  
not provide eye glasses for  
non-service connected disabilities

Filed

Date

Employee

Designation

Division or Section

(This form must be filled out in ink or on typewriter as it becomes a permanent  
record in ex-servicemen's folders)

TREASURY DEPARTMENT  
BUREAU OF WAR RISK INSURANCE

Date ~~Jan. 13, 1930~~

In reply refer to:

CC-1c-10

From: Chief Medical Advisor

To: District Supervisor New York

Subject: L. G. Celdron  
New York, Elmira  
754 Jay Street

C- 16909

It is requested that you arrange for a physical examination of the above named claimant, at once.

furnish such treatment as may be advisable, and submit a report to this office.

Nature of disability:

819-Myopia  
Aggravated by service.

By authority of the Director:

W. C. RUCKER  
Chief Medical Advisor,

Per.....



UNITED STATES VETERANS' BUREAU  
NEW YORK, N. Y. REGIONAL OFFICE

C#

16909

DATE

11-18-29

THIS CASE WAS REVIEWED UNDER THE INSTRUCTIONS CONTAINED  
IN DIRECTOR'S OFFICE SERVICE LETTER, DATED OCTOBER 21, 1929, SUBJECT,  
"EFFECTIVE DATES OF EXTENSIONS TO THE SCHEDULE OF DISABILITY RATINGS,  
1925", AND ALL OTHER BUREAU ISSUES AND NECESSARY ACTION TAKEN.

---

ADJUDICATOR.

UNITED STATES VETERANS BUREAU

NEW YORK REGIONAL OFFICE

C 16909

DATE 6/6/24

THIS CASE HAS THIS DATE BEEN  
REVIEWED UNDER ALL LAWS AND  
BUREAU ISSUES AND ALL NECESSARY  
ACTION HAS BEEN TAKEN.

*W. H. Hammer*  
ADJUDICATOR. *JR*

NOTICE

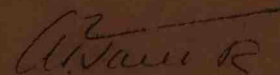
New York, N. Y.

Date Nov. 30/27.  
M.T.A.

Considerable time and effort have been expended to properly conserve the records in this case. To retain the folder in this condition is a matter of vital importance.

Carelessly or improperly filed material or failure to handle the folder carefully, will cause possible loss or mutilation of records; develop a lack of uniformity in filing; complicate and retard review; and increase the possibility of improper settlement and the release of incomplete or inaccurate information.

Keeping this case folder in good order may be accomplished only with YOUR full cooperation. It must be accepted, therefore, as an individual obligation. YOU owe it to the claimant and the Bureau to regard it and to discharge it with a full sense of the responsibility it imposes.

  
A. P. JAMES,  
Regional Manager.



46th Street and Lexington Avenue

December 30, 1925.

C-4

C- 16 909

Mr. Lynnewood Celdon,  
543 Manhattan Avenue,  
New York, N.Y.

Dear Sir:

We have received an undated communication from you asking if there is any chance of your securing back compensation.

Compensation payments in your case are not in order as your disability has been held to be not due to service. The World War Veterans' Act provides that evidence submitted after June 7th, 1925 in an effort to establish service connection cannot be accepted unless it demonstrates definitely and specifically that a disability of 10% or more existed within a year from discharge. The evidence on file shows very plainly that your disability cannot be considered as connected with the service and, therefore, your claim must remain in disallowed status.

All correspondence relative to this claim should bear your name, address and C. # 16 909.

By direction,

W. F. GREENE,  
Chief, Claims Division,  
Regional Office,  
New York, N.Y.

NR/el

September 30, 1925

C-4

Mr. Lymewood C. Geldon,  
543 Manhattan Avenue,  
New York, N.Y.

C-16 909

Dear Sir:

This letter will inform you that your complete claim folder has been received in this office from Buffalo, N.Y.

All communications relative to your claim should bear your full name as well as C-number.

By direction:

W. F. GREENE,  
Chief, Claims Division,  
New York Regional Office.

RJM/q

Name Celdon, Lynnewood C# 16909  
Assigned to Sub-District at New York City Date 9/26/25

Forms forwarded to Sub-District Office:-

- ✓ 1303
- ✓ 2505D
- ✓ Survey
- ✓ Medical
- ✓ 107 Series
- ✓ Correspondence
- Feasibility Rating Slip
- ✓ Sub-District Office Folder

Eligible for Section:

*Yes 12/31/20*  
*Rehabilitated*  
*Adkins*

Mimeo. #B-314



Mr. Green,

Kindly advise me if I  
have any chance of  
securing back compensation  
on Claim No. C-16909.

L. F. Celdon

543 Manhattan Ave

N. Y. C.

Ms. Green

243 Washington Ave  
N. Y. City  
N. Y. 10017  
10-12-58  
Dear Mr. Green  
I am writing to you  
in regard to the  
matter of the  
Green family



UNITED STATES VETERANS BUREAU

Buffalo, N.Y.

*File*

September 4, 1925

DISTRICT No. \_\_\_\_\_

IN REPLY REFER TO: RC-9

Regional Manager,  
U.S. Veterans' Bureau,  
New York, N.Y.

CELDON, Lynnewood G.  
C-16,909

Attention: Chief, Claims Division.

Dear Sir:

Receipt is acknowledged of your letter of August 31st, reference C-14, requesting that the case of the above named claimant be transferred to your office.

This is to advise that the case is being prepared for transfer, and will be forwarded to you as soon as possible.

By direction,

*W. J. Brennan*  
W. J. BRENNAN,  
Chief, Claims Division,  
Buffalo Regional Office.

*Rec 9/22*



Buffalo, N.Y.

September 4, 1925

RC-9

Regional Manager,  
U.S. Veterans' Bureau,  
New York, N.Y.

CELDON, Lynnewood G.  
C-16,909

Attention: Chief, Claims Division.

Dear Sir:

Receipt is acknowledged of your letter of August 31st,  
reference C-14, requesting that the case of the above named claimant  
be transferred to your office.

This is to advise that the case is being prepared for  
transfer, and will be forwarded to you as soon as possible.

By direction,

W. J. BRENNAN,  
Chief, Claims Division,  
Buffalo Regional Office.

U. S. VETERANS BUREAU  
208 Customs House Bldg.  
Buffalo, NY.

September 4, 1925

Sub-Office Manager,  
U.S. Veterans' Bureau,  
Syracuse, N.Y.

In reply refer to: RC-9

CELDON, Lynnewood G.  
C-16,909

OLD: 649 S. Crouse Ave.,  
Syracuse, N.Y.

NEW: 543 Manhattan Ave.,  
New York City.

Dear Sir:

Please forward case of the above named man  
for transmission to District ~~XXXXXX~~ **New York Regional Office** as he is now  
**residing** in that District.

By direction,

W. J. BRENNAN  
Chief, Claims Division

MimeoA-1014

Buffalo, N.Y.

September 4, 1925

RC-9

Regional Manager,  
U.S. Veterans' Bureau,  
New York, N.Y.

CELDON, Lynnewood G.  
C-16,909

Attention: Chief, Claims Division.

Dear Sir:

Receipt is acknowledged of your letter of August 31st, reference C-14, requesting that the case of the above named claimant be transferred to your office.

This is to advise that the case is being prepared for transfer, and will be forwarded to you as soon as possible.

By direction,

W. J. BRENNAN,  
Chief, Claims Division,  
Buffalo Regional Office.



U.S. VETERANS' BUREAU  
GRAND CENTRAL PALACE  
46th Street & Lexington Avenue,  
New York, N. Y.

August 31, 1925.

In reply refer to:

Regional Manager,  
U.S. Veterans Bureau,  
Buffalo, New York.

C-14  
C-16 909  
Lynnewood G. Celdon,  
new add: 543 Manhattan Ave.  
New York City.  
old add: 649 S. Crouse Ave.  
Syracuse, New York.

Dear Sir:-

Kindly forward to this district the case of the  
above named man who is now **residing**  
in this district.

Your prompt attention to this matter will be  
appreciated.

Respectfully,

W. F. GREENE  
Chief, Claims Division  
New York Regional Office.

Mimec. #A-1013

U.S. DEPARTMENT OF VETERANS AFFAIRS  
WASHINGTON, D.C.  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C.

TO: [illegible]

FROM: [illegible]

SUBJECT: [illegible]

REFERENCE: [illegible]

RE: [illegible]

[illegible]

[illegible]

[illegible]



*Full*

U.S. VETERANS' BUREAU  
GRAND CENTRAL PALACE  
46th Street & Lexington Avenue,  
New York, N. Y.

August 31, 1925.

In reply refer to:

Regional Manager,  
U.S. Veterans Bureau,  
Buffalo, New York.

C-14  
C-16 909  
Lynnewood G. Celdon,  
new add: 543 Manhattan Ave.  
New York City.

old add: 649 S. Crouse Ave.  
Syracuse, New York.

Dear Sir:-

Kindly forward to this district the case of the  
above named man who is now residing  
in this district.

Your prompt attention to this matter will be  
appreciated.

Respectfully,

*W. F. Greene*

W. F. GREENE  
Chief, Claims Division  
New York Regional Office.

Mimec. #1-1013



U.S. DEPARTMENT OF VETERANS AFFAIRS  
BUREAU OF PENSIONS  
WASHINGTON, D. C.  
SEP 1 1925

SEP 1 1925  
U.S. DEPARTMENT OF VETERANS AFFAIRS  
BUREAU OF PENSIONS  
WASHINGTON, D. C.

SEP 1 1925  
U.S. DEPARTMENT OF VETERANS AFFAIRS  
BUREAU OF PENSIONS  
WASHINGTON, D. C.

SEP 1 1925  
U.S. DEPARTMENT OF VETERANS AFFAIRS  
BUREAU OF PENSIONS  
WASHINGTON, D. C.

SEP 1 1925  
U.S. DEPARTMENT OF VETERANS AFFAIRS  
BUREAU OF PENSIONS  
WASHINGTON, D. C.

SEP 1 1925  
U.S. DEPARTMENT OF VETERANS AFFAIRS  
BUREAU OF PENSIONS  
WASHINGTON, D. C.

SEP 1 1925  
U.S. DEPARTMENT OF VETERANS AFFAIRS  
BUREAU OF PENSIONS  
WASHINGTON, D. C.

SEP 1 1925  
U.S. DEPARTMENT OF VETERANS AFFAIRS  
BUREAU OF PENSIONS  
WASHINGTON, D. C.

SEP 1 1925  
U.S. DEPARTMENT OF VETERANS AFFAIRS  
BUREAU OF PENSIONS  
WASHINGTON, D. C.

SEP 1 1925  
U.S. DEPARTMENT OF VETERANS AFFAIRS  
BUREAU OF PENSIONS  
WASHINGTON, D. C.



Aug 31 1925.

This is to inform you that I am now residing at  
~~5xx~~ 543 Manhattan Avenue New York City New York  
and request that my papers be transferred from Syracuse  
New York to New York City Regional Office  
Rank and Organization --Pvt Hq Co. 165th Inf  
Former address 649 S. Crouse Avenue Syracuse NY  
Compensation Number 16 909

*L. G. Eldon*  
Lynnwood G. Eldon.  
543 Manhattan Avenue  
New York City NY

*Rec'd based  
from  
Buffalo PD*



Aug 31 1925.

This is to inform you that I am now residing at  
~~xxx~~ 543 Manhattan Avenue New York City New York  
and request that my papers be transferred from Syracuse  
New York to New York City Regional Office  
Rank and Organization --Pvt Hq Co. 165th Inf  
Former address 649 S. Crouse Avenue Syracuse NY  
Compensation Number 16 909

*L. G. Celdon*

Lynnewood G. Celdon.  
543 Manhattan Avenue  
New York City NY



Aug 31 1925.

This is to inform you that I am now residing at  
~~xxx~~ 543 Manhattan Avenue New York City New York  
and request that my papers be transferred from Syracuse  
New York to New York City Regional Office  
Rank and Organization --Pvt Hq Co. 155th Inf  
Former address 649 S. Crouse Avenue Syracuse NY  
Compensation Number 16 909

*L. G. Celdon*

Lynnewood G. Celdon.  
543 Manhattan Avenue  
New York City NY

U.S. VETERANS' BUREAU  
GRAND CENTRAL PALACE  
46th Street & Lexington Avenue,  
New York, N. Y.

August 31, 1935.

In reply refer to:

Regional Manager,  
U.S. Veterans Bureau,  
Buffalo, New York.

C- 14  
C-16 909  
Lynwood G. Celdon,  
now add: 543 Manhattan Ave.  
New York City.  
old add: 649 S. Crouse Ave.  
Syracuse, New York.

Dear Sir:-

Kindly forward to this district the case of the  
above named man who is now **residing**  
in this district.

Your prompt attention to this matter will be  
appreciated.

Respectfully,

W. F. GREENE  
Chief, Claims Division  
New York Regional Office.

Mimeographed - 1013

NAME Celdon, Lynnewood C 16 909

SUB-DISTRICT FOLDER REASSIGNED FROM Buffalo N Y TO  
Rochester N Y SUB-DISTRICT MAY 31, 1923.

Reassigned From Rochester  
to Buffalo September 8, 1923

Mimeo. #A-1775



Celdon, Lynnewood

16 909

Buffalo N Y

Rochester N Y

Reassigned From Rochester  
to Buffalo September 8, 1923

UNITED STATES VETERANS BUREAU  
636-642 Main Street,  
Buffalo, N. Y.

September 8, 1923.

Dear Sir:

Your papers and records on file with the U. S. Veterans' Bureau were transferred on September 8, 1923, from the Veterans' Bureau Office in Rochester, N. Y. to the office of the Bureau at 636-642 Main Street, Buffalo, N. Y.

In the future all matters with reference to your case should be taken up with the Buffalo Office, and I wish to assure you that the undersigned and the entire Veterans' Bureau staff in Buffalo are ready and willing to render prompt and efficient service and to give you all necessary assistance on behalf of the United States Veterans' Bureau.

By direction,

J. J. Kingsbury,  
Manager, Buffalo Office.

Mimeo. #A-1951

## STATISTICAL REPORT FOR TRAINING STATISTICS SECTION, CENTRAL OFFICE, WASHINGTON, D. C.

Name **CELDON, Lynnewood G.** Dist. No. **2** Date of this report **June 11, 1924**  
(Last) (First) (Middle)  
C No. **1609** R No. **46026** Race **W.** Nationality **Amer.**  
Rank and branch of service **Pvt.- Hdq. 165 Inf.**  
Place of service **Camp - U.S.A.**  
Date of birth **Nov 18 897 (1897) Syracuse** Marital status: Married **Yes** Single **No**; No. dependents **Wife & 1 child.**  
Education prior to training **6 mos. High School.**  
Major occupation prior to training **Chauffeur, Chauffeur-mechanic**  
Location **X** Wages \$ **80** per **mo.**  
Pre-war address **754 Jay Street, Elmira, N.Y.**  
(Number) (Street) (City) (State)

OBJECTIVE (List in Order.)	SEC- TION.	TYPE OF TRAINING. (Institutional, Placement, Project.)	TIME.			NAME OF INSTITUTION OR ESTAB- LISHMENT.
			From—	To—	Total Months.	
1. Journalism	Two	Pl.	2/7/21	6/9/22	16	Elmira Star Gazette
2. Reporter & Staff.	"	"	6/9/22	1/3/23	7	Elmira, N.Y.
3. Photographer	"	"	1/3/23	2/2/23	1	" " "
4. Staff Photograph-	"	"				C.E. Bennett, Endicott
5. er						N.Y.
6. Man studied corres.						course in Journalism from 5/16/21 to 1/17/23.

LOCATION OF INSTITUTION OR ESTABLISHMENT.	TRAINING PAY.	TUITION.	SUPPLIES.	TRANSPORTA- TION.	MISCELLA- NEOUS.	TOTAL.
1.						
2.						
3.						
4.						
5.						
6.						

Duration of training: Years **2**; monthsCheck status: ☒ Rehabilitated ☐ Discontinued ☐ Completed ☐ Deceased **Feb. 2, 1923.**  
(Date.)If status is a reclassification, give full reasons: **This Form reclassifies case from Permanent****Discontinued to Rehabilitated as per G.O. 150, para. 52-a-4, "Having discontinued to****(to accept employment, disability aggravated as a result of such employment and trg. found to be beneficial in the particular employ**State specifically nature of employment during follow-up period: **Accepted, Employed as Reporter & Staff Ph**  
Wages received \$ **35.** per **wk.**Employer's name **Syracuse Journal.** Address **Syracuse, N.Y.**

If person has not been employed, check the one of the following reasons for unemployment, the details of evidence being in case folder:

- ☐ Not interested, did not desire assistance. ☐ Can not be found, address unknown.  
☐ Temporary disability, or sickness. ☐ Lack of employment opportunity.  
☐ Refused employment offered. ☐ Did not cooperate.  
☐ Exceptional reasons not covered by above (state clearly)

Physical disability (nomenclature of diagnosis and condition) **Impaired vision as a result of blindness.**

Anatomic terms

Causes

Signed **Sub Dist. Regist. Off. for** Subdistrict Manager.Certified by **C. T. LILE,** For District ManagerAt **Syracuse, N.Y.**

COPY OF MEDICAL REPORT UPON WHICH ELIGIBILITY WAS ESTABLISHED MUST BE TYPED ON REVERSE SIDE.

2-12



Medical 10/30/20



CLAIMS FOLDER TRANSFER RECORD

The Sub-District Claims Folder of the  
following named claimant was transferred from  
the Buffalo Sub-District Office to the Rochester  
Sub-District Office June 1st, 1943

Celden, Lynnewood  
(Claimant's Name)

C- 16 909

Maurice J. Sullivan  
Manager, Rochester Sub-District

MEDICAL CHECKING SLIP

Feb. 19, 1923. GC/ml

From: Medical Division.

To: Claims Division.

Subject: CELDON, Lynnewood G

C-16909

The medical evidence in this case has been examined, and no medical action is necessary at this time for the reason which has been checked below:

- |                                    |                              |
|------------------------------------|------------------------------|
| 1. Taking Voc. Tr.—Section 2.      | Dr. _____                    |
| 2. <u>No action indicated.</u>     | Dr. <u>G. C. [Signature]</u> |
| 3. Temp. total, still in hospital. | Dr. _____                    |
| 4. Permanent total rating.         | Dr. _____                    |
| 5. Less than 10 per cent.          | Dr. _____                    |
| 6. Recent rating in file.          | Dr. _____                    |
| 7. Awaiting medical evidence.      | Dr. _____                    |
| 8. Awaiting hospital report.       | Dr. _____                    |
| 9. Awaiting A. G. O. report.       | Dr. _____                    |
| 10. Form 526 not in file.          | Dr. _____                    |
| 11. Rating of _____ confirmed.     | Dr. _____                    |
| 12. Disability _____               | Dr. _____                    |





DISTRICT No. 2

*File*  
UNITED STATES VETERANS BUREAU

1208 Press Building,  
Binghamton, New York.  
January 24th, 1923.

M-4-g IN REPLY REFER TO:  
Sm-4

Lynnwood Celdon,  
C-16 909 TRAINEE,  
1506 Tracey St.,  
Endicott, N. Y.

U. S. Veterans' Bureau  
Grand Central Palace  
New York City.  
Att: Dr. Carroll.

Dear Sir:

Inclosed please find Prosthetic Appliance Service Cards for glasses furnished the above named trainee by the Diamond Optical Co., Binghamton, N. Y., on January 23rd, 1923. Authority for this service received from the New York Office- January 22nd, 1923.

Very truly yours,

Don M. Hooks,  
Sub-District Manager,

BY *Chas. R. Seymour*  
Chas. R. Seymour  
Sub-Dist. Medical Officer.





RE-ESTABLISHED 1878 BY  
J. N. MATTHEWS  
FIRST ESTABLISHED IN 1848.

# BUFFALO EXPRESS

OWNED BY  
THE J. N. MATTHEWS COMPANY  
G. E. MATTHEWS, PRES'T J. W. GREENE, EDITOR  
L. D. BUELL, TREAS. M. H. GRAHAM, SEC'Y  
WM. M. RAMBOELL, PUBLISHER

EDITORIAL DEPARTMENT  
BURROWS MATTHEWS,  
MANAGING EDITOR.

Nos. 177-185 WASHINGTON ST.

BUFFALO, N. Y. January 22, 1922

Dictated by

Joseph J. Kingsbury,  
Sub District Manager  
U.S. Veterans' Bureau  
73 Root Building  
Buffalo, New York

Dear Sir:

Regarding your application for a position as staff photographer for Lynewood Celdon we are very sorry to say that there is no such position open on The Express at this time. We will take the liberty of keeping Mr. Celdon's name in our files in anticipation of some change in the future. However the chance is very remote that The Express will need a photographer.

Sincerely yours,  
*Burrows Matthews*  
Managing Editor





BUFFALO EVENING NEWS  
BUFFALO, N. Y.

Re: Celdon Lynwood

Jan. 19, 1923

Mr. Daniel T. Roach,  
Employment Representative,  
Root Building,  
86 West Chippewa St.,  
Buffalo, N. Y.

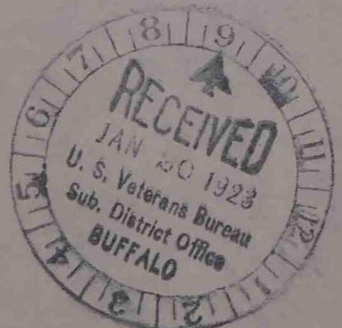
Dear Sir:-

We have no opening on our staff at the present time for a man with the qualifications you state in your letter of January 18. However, we will gladly keep his application on file for future reference.

Very truly yours,

*Marc A Rose*  
Managing Editor.

MAR-C





DISTRICT No. 2

## UNITED STATES VETERANS BUREAU

1208 Press Building,  
Binghamton, N. Y.  
January 19th, 1923.

C- IN REPLY REFER TO:  
Sm-4

Lynnewood Celdon,  
C-16 909  
1506 Tracey Street,  
Endicott, New York.

U. S. Veterans' Bureau  
Grand Central Palace  
New York City.

Sir:

Inclosed please find Report of Physical Examination in the case of the above named trainee.

Very truly yours,

Don M. Hooks,  
Sub-District Manager.

BY

*Chas R Seymour*  
Chas. R. Seymour  
Sub-Dist. Med. Officer.



OFFICE OF DISTRICT MANAGER  
DISTRICT NO. 2

UNITED STATES VETERANS BUREAU  
NEW YORK, N. Y.

July 28, 1923.

IN REPLY REFER TO: R-9-M/22

Mr. Lynnewood G. Celdon,  
1506 Tracey Street,  
Endicott, N. Y.

C - 16 909

The record shows that you were permanently discontinued from training on February 2, 1923, and that on May 2, 1923, the District Board of Appeals denied your appeal for further training.

You are hereby informed that you are not entitled to the Graflex Camera which you requested in your letter to the Washington office of the Veterans' Bureau. If you will get in touch with the Employment Department of the Syracuse Sub District Office at #1 Presbyterian Building, Syracuse, N.Y., and they will use every effort to obtain satisfactory employment for you.

By direction:

J. C. WARDLAW,  
Chief, Rehabilitation Division.





UNITED STATES VETERAN BUREAU.

DISTRICT NO. 2

Grand Central Palace

New York City.

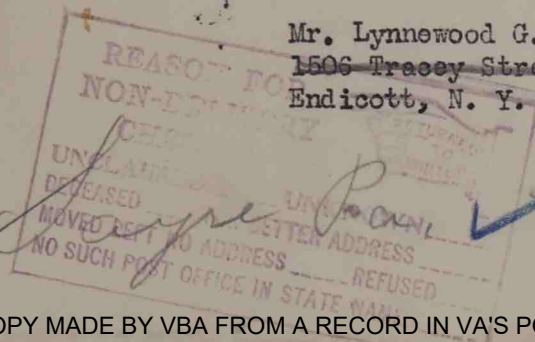
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300



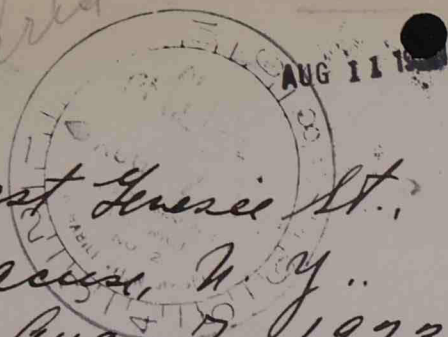
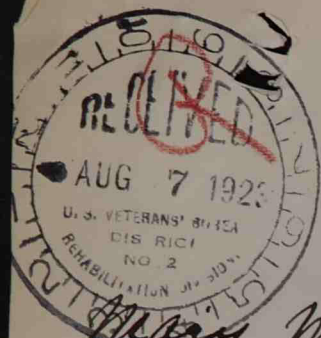
Mr. Lynnewood G. Celdon,  
1506 Tracey Street,  
Endicott, N. Y.

*Bennett's Studio*





COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION



*Gilchrist*  
574 East Genesee St.,  
Syracuse, N. Y.

Aug. 7, 1923.

Major W. T. Lent,

Dear Sir:-

C/6909-

On July, 5 I received  
a letter from George E. Farns,  
acting director of the Veterans'  
Bureau informing me that he  
had brought the matter of  
a position and securing a  
Traplex 4x5, B & L Series 16 F. 4.5  
for me, to your attention. He  
also wrote that you were  
instructed to communicate  
with me.

As I have not heard  
from you I am taking the  
liberty of addressing you  
regarding this matter.



In my training I never  
 received a camera and for me  
 to get one for \$160.00 about with  
 three people dependant on me,  
 it is next to impossible. I  
 must furnish my own camera  
 on a paper. Then I wish to  
 have the Employment Section  
 secure me a position any place.  
 What good is training if I can't  
 work at it? I am a  
 photographer, both portrait and  
 staff, and I take my hat off to  
 no one but I need a little  
 push to get a job and I need a  
 camera to get it also. My  
 letter to Mr. Hines told all that.  
 I worked for I least one week  
 without a camera and I  
 substituted for "Franklin"  
 portrait man here.

~~If~~ I can't get a camera  
and a position the government  
has wasted money training  
me. get me the job, see that  
I get to it with a camera and  
I'll be glad to pay for it  
on installment plan. What  
ever is done I must get a  
camera and a job. They  
pay \$60. & up a week.

Hoping to hear from you  
I beg to remain

Lynwood J. Caldwell.

August 17, 1923

R-9-H/11

Mr Lymewood G. Celdon  
574 E. Genesee Street  
Syracuse, N.Y.

C-16909

This office directed a letter to you under date of July 28th, 1923 explaining that you were not entitled to the camera requested and you were further directed to call at the office of the U.S. Veterans' Bureau at Syracuse at which office you could obtain full explanation of the matter.

The records show that you were permanently discontinued under date of February 2nd, 1923 and the District Board of Appeals confirmed this decision under date of May 2nd. Consequently, there is no procedure under which your request may at the present time be granted.

By Direction:

J.C. Wardlaw,  
Chief, Rehabilitation Division.



July 28, 1923.

B-9-M/22

Mr. Lynnewood G. Celdon,  
1503 Trecey Street,  
Endicott, N. Y.

C - 16 909

The record shows that you were permanently discontinued from training on February 2, 1923, and that on May 2, 1923, the District Board of Appeals denied your appeal for further training.

You are hereby informed that you are not entitled to the Graflex Camera which you requested in your letter to the Washington office of the Veteran's Bureau. If you will get in touch with the Employment Department of the Syracuse Sub District Office at #1 Presbyterian Building, Syracuse, N.Y., and they will use every effort to obtain satisfactory employment for you.

By direction:

J. C. WARDLAW,  
Chief, Rehabilitation Division.



JUL 21 1923  
UNITED STATES VETERANS BUREAU  
WASHINGTON

R  
Gibcrest  
July 18, 1923

IN REPLY REFER TO:

O.432

*Lynne Wood*  
RE: ~~WILKINSON~~ C. CELDON  
C-16909

District Manager,  
District No. 2,  
New York City.

Dear Sir;

We are in receipt of a letter from the above named man, copy of which we are attaching, together with copy of our reply.

There are two questions involved, one his desire for position following training, and the other his desire for a camera, Graflex 4x5 Magasine plate holder, with B & L lens F.4.5.

Kindly inform the man as to the action taken and submit a copy of your letter to this office.

By direction,

*O.W. Clark*

O. W. Clark,  
Assistant Director,  
Rehabilitation Division.

encl.

July 18, 1923

0.432

RE: YANKEWOOD C. CHILDK  
0-16909

District Manager,  
District No. 2,  
New York City.

Dear Sir:

We are in receipt of a letter from  
the above named man, copy of which we are  
attaching, together with copy of our reply.

There are two questions involved,  
one his desire for position following train-  
ing, and the other his desire for a camera,  
Graflex 4x5 Magazine plate holder, with  
B & L lens F.4.5.

Kindly inform the man as to the  
action taken and submit a copy of your letter  
to this office.

By direction,

O .W.Clark,  
Assistant Director,  
Rehabilitation Division.

encl.



July 18, 1923.

Mr. Innewood C. Celdon,  
Apt. 7, 308 McBride St.,  
Syracuse, N.Y.

Dear Mr. Celdon:

This will acknowledge receipt of your letter with reference to a position following training, also your desire for a Graflex 4 x 5 Magazine plate holder camera with B & L Lens F.4.5.

We have brought this matter to the attention of Maj. W. F. Lent, District Manager, 46th & Lexington Ave., New York City, for consideration, directing that he communicate with you concerning this matter.

By direction,

FRANK T. HINES,  
Director.

RECEIVED  
JUL 20 1923  
U.S. DEPT. OF VETERANS AFFAIRS  
WASHINGTON, D.C.



TO THE DIRECTOR, U.S. VETERANS' BUREAU  
FROM THE CHIEF, DISTRICT NO. 2  
SUBJECT: [Illegible]  
[Illegible text follows, appearing to be a memorandum or letterhead with several lines of text that are too faded to transcribe accurately.]



# DIAMOND OPTICAL CO.

Manufacturing Opticians

PROMPTNESS, ACCURACY  
AND QUALITY

KRYPTOKS A SPECIALTY

NO DISCOUNT AFTER  
10TH OF MONTH FOLLOWING  
PURCHASE

Binghamton, N. Y., Jan. 23,

19 23

99 COLLIER ST.

Sold to U. S. Veteran's Bureau, 1208 Press Bldg.

SPH. CYL. AX. PRISM BASE

Lynnewood G. Celton C-16 909, TRAINEE 1506 Tracey St., Endicott, NY

1 pr. Toric Lenses fitted to own Frames  
-1.00 -1.00 ax 180 OU

2.40

2.40

*View.  
6/11/23*



# DIAMOND OPTICAL CO.

Manufacturing Opticians

NO DISCOUNT AFTER  
10TH OF MONTH FOLLOWING  
PURCHASE

Binghamton, N. Y., Jan. 23,

19 23

PROMPTNESS. ACCURACY  
AND QUALITY

KRYPTOKS A SPECIALTY

99 COLLIER ST.

Sold to U.S. Veteran's Bureau, 1208 Press Bldg.

Lynnewood G. Celton C-16 909, TRAINEE 1506 Tracey St., Endicott, NY  
1 pr. Toric Lenses fitted to own Frames  
-1.00 -1.00 ax 180 OU

SPH. CYL. AX. PRISM BASE

2.40

2.40  
015

Wille  
M  
TRAINEE

REQUISITION FOR GLASSES

Name: Celdon, Lynnewood G  
Address: 1506 Tracy street,  
Endicott, N. Y.

Jan 13, 1923.  
Compensation Number -16909

FACIAL MEASUREMENTS

C 16909

PD	H'ght	C'rst	Base	Temple
GLASSES ORDERED				
Distance	Sphere	Cylinder	Axis	Prism
	OD -1.00	-1.00	180	
	OS -1.00	-1.00	180	
Reading	Sphere	Cylinder	Axis	Prism
	OD			
	OS			

Signed Chas. P. Seymour

New Mimeo. #A-161  
Old Mimeo. #317  
fs





1208 Press Building,  
Binghamton, N. Y.  
January 23, 1923.

#2

Re: Lynnewood Celdon C-16 909  
1506 Tracey Street,  
Endicott, N. Y.

Diamond Optical Company,  
Savings Bank Building,  
Binghamton, N. Y.

Sir:

You are hereby authorized to furnish Glasses  
as per inclosed prescription blank to the above named  
trainee.

These appliances are necessary to maintain man  
in training.

This is requested of a private Optical Company  
as there is no Optician connected with the U. S. Veterans'  
Bureau at Binghamton, N. Y.

DON H. HOOKS,  
Sub-District Manager,  
U. S. Veterans' Bureau.

BY

Chas. R. Seymour

Chas. R. Seymour,  
Sub-Dist. Med. Officer.

I certify that the above is a true  
copy of the original authorization.

Blanche Baldwin  
Designated Clerk. Dist. #2.  
U. S. Veterans' Bureau.

C O P Y

New York, N. Y.  
January 22nd, 1923.

M-4-g

In reply refer to: TFC/mf  
"Pros"

C-16 909  
Re: Lynnewood Celdon

Sub-District Medical Officer,  
U. S. Veterans' Bureau  
1208 Press Bldg., Binghamton, N.Y.

Dear Sir:

In reply to your letter you are advised that authority is granted to supply the above named trainee with glasses if these appliances are necessary to maintain him in training. When glasses have been supplied you will please forward the signed Prosthetic Service Cards to this office.

By direction of the District Manager.

W. F. Lent,  
District Manager,  
District #2, U.S.V.B.

BY: T. F. Carroll,  
Chief of Prosthetic Section,  
District #2, U.S.V.B.

I certify that the  
above is a true copy of  
the original letter.

*Blanche Baldwin*  
Designated Clerk, District #2,  
U. S. Veterans' Bureau.



NAME Celdon, Lynnewood

G- 16909

SUB DISTRICT FOLDER REASSIGNED FROM Binghamton, N.Y. TO

Syracuse, N.Y

SUB DISTRICT MAY 31, 1923



May 8, 1923

REK /14

Re: Celdon, Lynwood G  
C-16903  
Appeal for training

Sub-District Manager,  
US Veterans' Bureau,  
Binghamton, NY.

Attached hereto you will find copy of decision of the District Board of Appeals on the above named man's appeal for further training and change of objective subsequent to permanent discontinuance.

As you will note, Mr. Celdon appeal has been denied.

Will you please notify him of this decision?

Bt direction:

J. C. Wardlaw,  
Chief, Rehabilitation Officer.

P/AM



2.

R-9-E/6  
March 2, 1923.

Sub-District Manager,  
U.S. Veterans' Bureau,  
Binghamton, N. Y.

Re: Celdon, Lynwood G.  
C-16909

Dear Sir:-

We are in receipt of a copy of letter from the above named man, which was forwarded to us from Central Office at Washington, D. C.

Since Mr. Celdon appeals for further training, may we ask that you get in touch with him and assist him in the preparation of his appeal?

Let us have the necessary training program and summary together with a report of the latest physical examination on his case.

When these are in hand, then send to us his sub-district case folder.

Very truly yours,

W. F. Lent,  
Manager, District #2.

By: J. C. Wardlaw,  
Chief, Rehabilitation Division.

2.

R-9-B/6  
March 2, 1923.

Sub-District Manager,  
U.S. Veterans' Bureau,  
Binghamton, N. Y.

Re: Galdon, Lynwood G.  
C-16909

Dear Sir:-

We are in receipt of a copy of letter from the above named man, which was forwarded to us from Central Office at Washington, D. C.

Since Mr. Galdon appeals for further training, may we ask that you get in touch with him and assist him in the preparation of his appeal?

Let us have the necessary training program and summary together with a report of the latest physical examination on his case.

When these are in hand, then send to us his sub-district case folder.

Very truly yours,

W. F. Lent,  
Manager, District #2.

By: J. C. Wardlaw,  
Chief, Rehabilitation Division.



May 8, 1923

R9E /14

Re: Celdon, Lynewood G

C-16908

Appeal for training

Sub-District Manager,  
US Veterans' Bureau,  
Binghampton, NY.

Attached hereto you will find copy of decision of the District Board of Appeals on the above named man's appeal for further training and change of objective subsequent to permanent discontinuance.

As you will note, Mr. Celdon appeal has been denied.

Will you please notify him of this decision?

- Bt direction:

J. C. Wardlaw,  
Chief, Rehabilitation Officer.

P/AM

HEADQUARTERS  
U. S. VETERANS' BUREAU  
Grand Central Palace  
46th St. & Lexington Avenue  
New York, N.Y.

Date

*Feb. 13, 1923*

From: Claims Division

To: Medical Rating Section ( *EEK+7* Sub-Section)

The attached case is respectfully referred for an expression of your opinion relative to the question checked.

1. Service connection and degree of disability.

*Please render a more*  
2. Reconsideration based on re-examination report.

*Compelensive Rating*  
3. Reconsideration based upon additional evidence submitted.

4. Has claimant suffered a vocational handicap traceable to service and is training feasible.

5. Expedite examination report.

*W. J. Blake*  
W. J. BLAKE,  
Chief, Claims Division,  
U. S. Veterans' Bureau, District #2.

*No action*  
Mimeo. #A-265

gk



Feb. 2, 1923

In reply refer to:  
H-8-✓19

Sub-district Manager,  
U. S. Veterans Bureau  
Binghamton, N. Y.

Re: Celdon, Lywood  
G-16909

Dear Sir:

This replies to your letter of Jan. 26th relative to the above named man who was enrolled for a correspondence course in "Journalism" at the Home Correspondence School.

We are enclosing for your information copy of a letter written by the school under date of Jan. 24th, from which you will note that no work has been received from Mr. Celdon by the school since March, 1922.

In view of the above, we are of the opinion that the proper form of the 107 series should be issued cancelling the course effective as of Jan. 17, 1923 since Mr. Celdon has failed to avail himself of the opportunity offered. Such action should be taken to straighten out Bureau records on the case.

Upon investigation we find that Mr. Celdon's course has been completely paid for and in view of this fact, we are today writing the school requesting them to render service on the course if at any time in the future Mr. Celdon should turn in work for criticism.

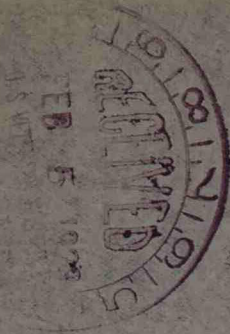
Very truly yours,

W. F. Lusk  
Manager, District 2

By: J. C. Wardlaw  
Chief, Rehabilitation Division

CHANCE FILES  
C. T. O.







UNITED STATES VETERANS BUREAU

480 Lexington Ave. New York City

Feb. 2, 1925

In reply refer to:  
R-8-A/19

Home Correspondence School,  
Springfield, Mass.

Rev. Celdon, Lynwood  
C-16909

Gentlemen:

This replies to your letter of Jan. 24th  
relative to the above named man.

Upon reviewing this case we find that  
Mr. Celdon's course has been completely paid for and for  
this reason we request that you continue to render service  
on the trainee's course if at some time in the future he  
turns in work for criticism.

Thank you for your cooperation in this  
respect.

Very truly yours,

W. F. Lent  
Manager, District 2

By: J. C. Cardlaw  
Chief, Rehabilitation Division

RECEIVED IN  
DISTRICT OFFICE FILES  
C. T. O.



2

1208 Press Building,  
Binghamton, N. Y.  
January 19th, 1923.

C-

Sm-4

Lynnewood Celdon,  
C-16 909  
1506 Tracey Street,  
Endicott, New York.

U. S. Veterans' Bureau  
Grand Central Palace  
New York City.

Sir:

Inclosed please find Report of Physical Examination in the case of the above named trainee.

Very truly yours,

Don M. Hooks,  
Sub-District Manager.

BY

Chas. R. Seymour  
Sub-Dist. Med. Officer.





UNITED STATES VETERANS BUREAU

DISTRICT No. \_\_\_\_\_

IN REPLY REFER TO:

"I hereby certify that a satisfactory report covering  
the- Examination of eyes  
of- Lynnwood Celdon, C-16 909,  
1506 Tracey Street, Endicott, New York,  
by- Dr. S. H. Kinne, E.E.N.T. Specialist,  
on- January 12th, 1923,  
has been received by the Binghamton Sub-Dist. Office."

*Blanche Baldwin*

Designated Clerk, District #2,  
U. S. Veterans' Bureau.

REPORT OF FINDINGS:

Examination of Eyes-

Wears glasses of: - 1.25 - .50 x 1.80 = O.D.  
- 1.25 - .75 x 1.80 = O.S.

Chief Complaints: Complains of headache, fading of vision and double vision at times.

Muscle tests: Exophoria 4' both eyes. Hypophoria, 2.5' in right eye. Hypophoria 3' in left eye.  
When using a red cover glass there is a divergent diplopia 4'

Retinascopy under homeatropine: -.75 plus .25 x 1.80 = O.D.  
-.75 plus .25 x 1.80 = O.S.

Correction prescription:

-1.00 -1.00 x 1.80 = O.D. Vision 20/20 Decentered out.  
-1.00 -1.00 x 1.80 = O.S. Vision 20/20

Diagnosis: Compound myopic astigmatism and muscular imbalance.]



1208 Press Building,  
Binghamton, N.Y.  
January 12, 1923.

Re: Lynnewood Coldon, (TRAINEE)  
1506 Tracy Street,  
Endicott, N. Y.  
C-16 909

Dr. S. H. Kinne,  
73 Main Street,  
Binghamton, N.Y.

Dear Doctor:

You are hereby authorized to make examination of eyes in case of the above named claimant who is a trainee, and forward a report to this office.

This examination is to determine feasibility for the continuance of training.

This is requested of a private physician as there is no Oculist connected with the U. S. Veterans' Bureau at Binghamton, N.Y.

DONALD HOOKS,  
Sub-District Manager,  
U. S. Veterans' Bureau.

BY

*Chas. R. Seymour*

Chas. R. Seymour,  
Sub-Dist. Med. Officer.

I certify that the above is a true  
copy of the original authorization.

*Blanche Baldwin*  
Designated Clerk. Dist. #2.  
U. S. Veterans' Bureau.

*File*

January 12, 1923

19

This is to certify that the following claimant has this day  
undergone a general physical examination in this office.

Lynnewood Celdon, (TRAINEE)  
..... 1506 Tracy Street, Endicott, N.Y. C-..... 16 909  
General Medical Examination.  
Special Eye Examination. ....  
EXAMINER



1. NAME: GELDON, Lynnewood (married)
2. Service organization and rank: Pvt. Hdqrs. Co., 105th Inf. 42nd Div.
3. Present address: 1506 Tracy St., Endicott, N. Y.
4. Age: 25 5. White 6. Prin. prewar occupation: Chauffeur
7. Induction: June 25th, 1916. 8. Discharge: November 11th, 1918.
9. Military History: Impaired vision, result of sand-blindness, in South Texas, 1916. No hospital care.

Medical and industrial history: After discharge worked at his prewar occupation for about seven months, but could not get license on account of eyesight. Then began to work for Swift & Co. in Chicago as beef carrier for one year. Then took vocational training. Still trainee.

10. Present Complaint: Eyestrain

11. Physical Examination: Well developed and nourished adult male. Weight, 200 lbs. Ears, nose and throat, negative. Chest- right nipple excised, prior to entrance in service. Heart and lungs, negative. Glandular system, negative. Abdomen, negative. Extremities, negative. Genito-urinary system, negative.

Examination of Eyes- January 12th, 1923 - Dr. S. H. Kinne.

Wears glasses of: -1.25 - .50 x 1.80 = O.D.

-1.25 - .75 x 1.80 = O.S.

Chief Complaints: Complains of headaches, fading of vision and double vision at times.

Muscle Tests: Exophoria 4' both eyes. Hypophoria, 2.5' in right eye.

Hypophoria 3' in left eye. When using a red cover glass there is a divergent diplopia 4'.

Retinoscopy under Homeatropine: -.75 plus .25 x 1.80 = O.D.

-.75 plus .25 x 1.80 = O.S.

Correction Prescription: -1.00 - 1.00 x 1.80 = O.D. Vision 20/20 Decentered out.  
-1.00 - 1.00 x 1.80 = O.S.

Diagnosis: Compound Myopic Astigmatism and Muscular Imbalance.

12. Diagnosis. Compound Myopic Astigmatism, and muscular imbalance.

13. Prognosis: ~~xxxxx~~

14. Is claimant able to resume his prewar occupation: Yes, with embarrassment

15. Is claimant bedridden: No

16. Able to travel: Yes

17. Do you advise hospital care: No

18. Will claimant accept: ~~xxx~~

20. Is his physical and mental condition such that vocational training is feasible: Yes

21. Did you examine the man yourself on this date: Yes

22. Place: 1208 Press Building, Binghamton, N. Y.

Date: January 12th, 1923.

NAME

*L. Brooks*

L. Brooks, M. D.

Medical Examiner, U.S.V.B.,  
Tuberculosis Section.



1. NAME: GELBON, Lynnewood (married)
2. Service organization and rank: Pvt. Hdqrs. Co., 105th Inf. 42nd Div.
3. Present address: 1506 Tracy St., Endicott, N. Y.
4. Age: 25 5. White 6. Prin. prewar occupation: Chauffeur
7. Induction: June 25th, 1916. 8. Discharge: November 11th, 1918.
9. Military History: Impaired vision, result of sand-blindness, in South Texas, 1916. No hospital care.

Medical and industrial history: After discharge worked at his prewar occupation for about seven months, but could not get license on account of eyesight. Then began to work for Swift & Co. in Chicago as beef carrier for one year. Then took vocational training. Still trainee.

10. Present Complaint: Eyestrain
11. Physical Examination: Well developed and nourished adult male. Weight, 200 lbs. Ears, nose and throat, negative. Chest- right nipple excised, prior to entrance in service. Heart and lungs, negative. Glandular system, negative. Abdomen, negative. Extremities, negative. Genito-urinary system, negative.

Examination of Eyes- January 12th, 1923 - Dr. S. H. Kinne.

Wears glasses of: -1.25 -.50 x 1.80 = O.D.

-1.25 -.75 x 1.80 = O.S.

Chief Complaints: Complains of headaches, fading of vision and double vision at times.

Muscle Tests: Exophoria 4' both eyes. Hypophoria, 2.5' in right eye.

Hypophoria 3' in left eye. When using a red cover glass there is a divergent diplopia 4'.

Retinoscopy under Homeatropine: -.75 plus .25 x 1.80 = O.D.

-.75 plus .25 x 1.80 = O.S.

Correction Prescription: -1.00 - 1.00 x 1.80 = O.D. Vision 20/20 Decentered out.  
-1.00 - 1.00 x 1.80 = O.S.

Diagnosis: Compound Myopic Astigmatism and Muscular Imbalance.

12. Diagnosis. Compound Myopic Astigmatism, and muscular imbalance.

13. Prognosis: ~~xxxx~~

14. Is claimant able to resume his prewar occupation: Yes, with embarrassment

15. Is claimant bedridden: No

16. Able to travel: Yes

17. Do you advise hospital care: No

18. Will claimant accept: ~~xxx~~

20. Is his physical and mental condition such that vocational training is feasible: Yes

21. Did you examine the man yourself on this date: Yes

22. Place: 1208 Press Building, Binghamton, N. Y.

Date: January 12th, 1923.

NAME

*L. Brooks*

L. Brooks, M. D.

Medical Examiner, U.S.V.B.,  
Tuberculosis Section.



1. NAME: CELBON, Lynnewood (married)
2. Service organization and rank: Pvt. Hdqrs. Co., 105th Inf. 42nd Div.
3. Present address: 1506 Tracy St., Endicott, N. Y.
4. Age: 25 5. White 6. Prin. prewar occupation: Chauffeur
7. Induction: June 25th, 1916. 8. Discharge: November 11th, 1918.
9. Military History: Impaired vision, result of sand-blindness, in South Texas, 1916. No hospital care.

Medical and industrial history: After discharge worked at his prewar occupation for about seven months, but could not get license on account of eyesight. Then began to work for Swift & Co. in Chicago as beef carrier for one year. Then took vocational training. Still trainee.

10. Present Complaint: Eyestrain

11. Physical Examination: Well developed and nourished adult male. Weight, 200 lbs. Ears, nose and throat, negative. Chest- right nipple excised, prior to entrance in service. Heart and lungs, negative. Glandular system, negative. Abdomen, negative. Extremities, negative. Genito-urinary system, negative.

Examination of Eyes- January 12th, 1923 - Dr. S. H. Kinne.

Wears glasses of: -1.25 -.50 x 1.80 = O.D.

-1.25 -.75 x 1.80 = O.S.

Chief Complaints: Complains of headaches, fading of vision and double vision at times.

Muscle Tests: Exophoria 4' both eyes. Hypophoria, 2.5' in right eye.

Hypophoria 3' in left eye. When using a red cover glass there is a divergent diplopia 4'.

Retinoscopy under Homotropine: -.75 plus .25 x 1.80 = O.D.

-.75 plus .25 x 1.80 = O.S.

Correction Prescription: -1.00 - 1.00 x 1.80 = O.D. Vision 20/20 Decentered out.  
-1.00 - 1.00 x 1.80 = O.S.

Diagnosis: Compound Myopic Astigmatism and Muscular Imbalance.

12. Diagnosis. Compound Myopic Astigmatism, and muscular imbalance.

13. Prognosis: ~~xxxx~~

14. Is claimant able to resume his prewar occupation: Yes, with embarrassment

15. Is claimant bedridden: No

16. Able to travel: Yes

17. Do you advise hospital care: No

18. Will claimant accept: ~~xxx~~

20. Is his physical and mental condition such that vocational training is feasible: Yes

21. Did you examine the man yourself on this date: Yes

22. Place: 1208 Press Building, Binghamton, N. Y.

Date: January 12th, 1923.

NAME

*L. Brooks*

L. Brooks, M. D.

Medical Examiner, U.S.V.B.,  
Tuberculosis Section.



1. NAME: CELDON, Lynnewood (married)
2. Service organization and rank: Pvt. Hdqrs. Co., 105th Inf. 42nd Div.
3. Present address: 1506 Tracy St., Endicott, N. Y.
4. Age: 25 5. White 6. Prin. prewar occupation: Chauffeur
7. Induction: June 25th, 1916. 8. Discharge: November 11th, 1918.
9. Military History: Impaired vision, result of sand-blindness, in South Texas, 1916. No hospital care.

Medical and industrial history: After discharge worked at his prewar occupation for about seven months, but could not get license on account of eyesight. Then began to work for Swift & Co. in Chicago as beef carrier for one year. Then took vocational training. Still trainee.

10. Present Complaint: Eyestrain

11. Physical Examination: Well developed and nourished adult male. Weight, 200 lbs. Ears, nose and throat, negative. Chest- right nipple excised, prior to entrance in service. Heart and lungs, negative. Glandular system, negative. Abdomen, negative. Extremities, negative. Genito-urinary system, negative.

Examination of Eyes- January 12th, 1923 - Dr. S. H. Kinne.

Wears glasses of:  $-1.25 - .50 \times 1.80 = 0.D.$

$-1.25 - .75 \times 1.80 = 0.S.$

Chief Complaints: Complains of headaches, fading of vision and double vision at times.

Muscle Tests: Exophoria 4' both eyes. Hypophoria, 2.5' in right eye.

Hypophoria 3' in left eye. When using a red cover glass there is a divergent diplopia 4'.

Retinoscopy under Homeatropine:  $-.75 \text{ plus } .25 \times 1.80 = 0.D.$

$-.75 \text{ plus } .25 \times 1.80 = 0.S.$

Correction Prescription:  $-1.00 - 1.00 \times 1.80 = 0.D.$  Vision 20/20 Decentered  
 $-1.00 - 1.00 \times 1.80 = 0.S.$  out.

Diagnosis: Compound Myopic Astigmatism and Muscular Imbalance.

12. Diagnosis. Compound Myopic Astigmatism, and muscular imbalance.

13. Prognosis: ~~xxxx~~

14. Is claimant able to resume his prewar occupation: Yes, with embarrassment

15. Is claimant bedridden: No

16. Able to travel: Yes

17. Do you advise hospital care: No

18. Will claimant accept: ~~xxx~~

20. Is his physical and mental condition such that vocational training is feasible: Yes

21. Did you examine the man yourself on this date: Yes

22. Place: 1208 Press Building, Binghamton, N. Y.

Date: January 12th, 1923.

NAME

*L. Brooks*

L. Brooks, M. D.

Medical Examiner, U.S.V.B.,  
Tuberculosis Section.



C-1690.9

## MEDICAL WORK SHEET

Caldon, Lynwood  
1506 Tracy Street  
Endicott, N.Y.

E.E.Z.T.

## SECTION:

Code No.	Per Cent	Date From—	To—	DIAGNOSIS	Exam. Date
2	10	d. d. - 11/12/23		Compound Myopia	Last: 11/12/23
2	10	11/12/23		Astigmatism and	Next:
				muscular imbalance	Date: 2/12/23
					Referee: D.N. G.C.
<p>not due to senile per Opn. Sen Cataract re eye disease in salivary gland</p>					

## SECTION:

Code No.	Per Cent	Date From—	To—	DIAGNOSIS	Exam. Date
					Last:
					Next:
					Date:
					Referee:

## SECTION:

Code No.	Per Cent	Date From—	To—	DIAGNOSIS	Exam. Date
					Last:
					Next:
					Date:
					Referee:

## SECTION:

Code No.	Per Cent	Date From—	To—	DIAGNOSIS	Exam. Date
					Last:
					Next:
					Date:
					Referee:

Combined Rating should be stated in last unused block or on reverse side of this sheet by Medical Referee performing last action.  
UNITED STATES VETERANS BUREAU, MEDICAL DIVISION.—Form 2536.

c 2-11284

C \_\_\_\_\_

## DENTAL WORK SHEET

Code No.

Pyorrhea

Vincent's Stomatitis

Carious	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Teeth	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Missing	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Teeth	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

A. G. O.

Affidavits -- Dates

Date

Referee



2

1208 Press Building,  
Binghamton, N. Y.  
January 19th, 1923.

C-

Sm-4

Lynnewood Celdon,  
C-16 909  
1506 Tracey Street,  
Endicott, New York.

U. S. Veterans' Bureau  
Grand Central Palace  
New York City.

Sir:

Inclosed please find Report of Physical Examination in the case of the above named trainee.

Very truly yours,

Don M. Hooks,  
Sub-District Manager.

BY \_\_\_\_\_

Chas. R. Seymour  
Sub-Dist. Med. Officer.



2

1208 Press Building,  
Binghanton, N. Y.  
January 19th, 1923.

C-

Sm-4

Lynnwood Celdon,  
C-16 909  
1506 Tracey Street,  
Endicott, New York.

U. S. Veterans' Bureau  
Grand Central Palace  
New York City.

Sir:

Inclosed please find Report of Physical Examination in the case of the above named trainee.

Very truly yours,

Don M. Hooks,  
Sub-District Manager.

BY

Chas. R. Seymour  
Sub-Dist. Med. Officer.



UNITED STATES VETERANS BUREAU  
WASHINGTON

IN REPLY REFER TO:

C. No. 16909  
R. No. 2-46026

District Manager,  
District No. 2  
New York City  
Sir:

Attention is requested to the following checked items:

☐ Reference to your forms.....bearing your forwarding date stamp of.....

☐ Reference to your form 107A issued Dec 19 1922 for Celdon Lynnewood G.  
.....

1. No covering letter received with enclosure. Attached hereto find list of forms received.
2. Forms listed in the covering letter and indicated below were not received.
3. Forms indicated below were received but not listed in the covering letter.
4. These forms not received in Central Office until above date.
5. You are not conforming with existing instructions. See.....
6. We are unable to locate any Central Office file covering this trainee. Please furnish additional information to enable further search.
7. R. No.....has been combined with R. No.....and case will be handled in Central Office, hereafter, under this latter number.
8. Central Office records indicate this case as being handled in your office under duplicate numbers as follows.....
9. The R. reference number shown on this form is incorrect. The correct number should be 2-46026.....
10. The District Office copy received in error is returned herewith.
11. No duplicate copy of this form enclosed. We have prepared the necessary duplicate.
12. ....

Please take necessary action and where requestd, furnish the required information.

R. I. Rees

Assistant Director 11 1923  
Rehabilitation Division.

Rehab.38



January 11, 1923.

U. S. Veterans' Bureau  
87 Court St.  
Binghamton, N. Y.

Re: Celdon, Lynnewood.

Attention: Employment Service.

Gentlemen:

We hereby acknowledge receipt of your letter of the 6th inst. with reference to the above named man.

I really feel that the information which you have given me in your letter is not sufficient to enable me to place this matter properly before the local newspaper heads. Kindly let me have additional information as to the particular newspaper upon which this man has worked, as to the photographic equipment which he has and as to the amount of reportorial work he has done, particularly as to whether his work has been more that of a reporter than a staff photographer or vice versa.

From what I know of newspaper business, newspapers in the larger cities do not combine the position of news reporter with that of staff photographer, because of the fact that they have sufficient work to keep a photographer busy at that particular job.

If you will send me this information together with any additional information which you believe will be useful to me in placing the matter before the managing editors of all the Buffalo newspapers I will endeavor to place this man here.

Very truly yours,

JOSEPH J. KINGSBURY  
Sub District Manager.

cmb

By:

Daniel T. Roach  
Sub-Dist. Employment Rep.

Celdon, Lynnewood  
Binghamton, NY

C-16909

No rating



U. S. VETERANS' BUREAU  
GRAND CENTRAL PALACE,  
46th St. & Lexington Ave.  
N.Y.City.

Jan. 19, 1923

In reply refer to:  
R-8/19.

Re: Celdon, Lynwood,  
C-16909

Sub-district Managers  
U. S. Veterans' Bureau,  
Brighton, E.Y.

Dear Sir:-

We have this day forwarded notice to the  
Home Correspondence School School.  
discontinuing the correspondence training of the man  
above named, effective, 1/17/23.

This is your authority to issue the  
proper form of the 107 series.

Very truly yours,

W.F. Lent,  
Manager, District #2.

By:

J.C. Wardlaw,  
Chief, Rehabilitation Division.

mingo A-519 Rev.



U.S. VETERANS' BUREAU...  
GRAND CENTRAL PALACE  
46th St., Lexington Ave.  
N.Y. City.

Jan. 19, 1923

In reply refer to:

R-8. -A/19

Re: Celdon, Lynwood  
C-16909

Home Correspondence Schools,  
Springfield, Mass.

Gentlemen: -

This is to advise you that the above named man has  
discontinued his course in ~~Journalism~~  
effective ~~1/17/23~~, because ~~he is not making~~  
~~satisfactory progress~~

This information is given you in order that you may  
remove his name from your rolls.

Please acknowledge receipt of this letter.

Very truly yours,

W.F. Lent,  
District Manager.

By: J.C. Wardlaw,  
Chief, Rehabilitation Division.

Form A-1084. Rev.

Oct. 21, 1922

R-8-B/19

Sub-district Manager,  
U.S. Veterans' Bureau,  
Binghamton, N.Y.

Re: Lynwood J. Celdon  
C- 16909

Dear Sir:

Receipt is acknowledged of your  
communication of Oct. 19th.

We are enclosing for your information  
copies of letters received from the Home Correspondence  
School re this man's course. You will note that the  
school states that this student has made no progress  
since the first of March.

This matter is referred to you for  
your attention.

Very truly yours,

W. F. Lent  
Manager, District 2

By: J. C. Wardlaw  
Chief, Rehabilitation Division

RECEIVED

OCT 26 1922

DIVISION OF REHABILITATION

DISTRICT 2







Oct. 24, 1922

R-8-B/19

Sub-district Manager,  
U.S. Veterans' Bureau,  
Binghamton, N.Y.

Re: Lynwood Celdon  
C- 16909

Dear Sir:

Receipt is acknowledged of your  
communication of Oct. 19th.

We are enclosing for your information  
copies of letters received from the Home Correspondence  
School re this man's course. You will note that the  
school states that this student has made no progress  
since the first of March.

This matter is referred to you for  
your attention.

Very truly yours,

W. F. Lent  
Manager, District 2

By: J. C. Wardlaw  
Chief, Rehabilitation Division

Oct. 10, 1922

R-8-B/19

Sub-district Manager,  
U.S. Veterans' Bureau,  
Binghamton, N.Y.

Re: Lynwood, Geldon.  
R-391

Dear Sir:

The above named man is enrolled for a course in "Journalism" at the Home Correspondence School. Our records indicate that this man has submitted no work since February, 1922.

Will you kindly establish contact with this man and advise this office whether or not this course should be cancelled?

Very truly yours,

W. F. Lent  
Manager, District 2

By: J. C. Wardlaw  
Chief, Rehabilitation Division



Oct. 10, 1922

R-6-B/19

Sub-district Manager,  
U.S. Veterans' Bureau,  
Binghamton, N.Y.

Re: Lynwood, Geldon  
R-391

Dear Sir:

The above named man is enrolled for a course in "Journalism" at the Home Correspondence School. Our records indicate that this man has submitted no work since February, 1922.

Will you kindly establish contact with this man and advise this office whether or not this course should be cancelled?

Very truly yours,

W. F. Lent  
Manager, District 2

By: J. C. Wardlaw  
Chief, Rehabilitation Division



Oct. 10, 1922

R-6-B/19

Home Correspondence School,  
Springfield, Mass.

Re: Lynwood, Celdon  
R-391

Gentlemen:

Our records indicate that we have received no reports from your school covering the above named man's progress since February, 1922.

Will you kindly advise us how much work this man has covered to date?

Very truly yours,

W. F. Lent  
Manager, District 2

By: J. C. Wardlaw  
Chief, Rehabilitation Division

Oct. 10, 1922

R-6-B/19

Home Correspondence School,  
Springfield, Mass.

Re: Lynwood, Cadden  
R-391

Gentlemen:

Our records indicate that we have  
received no reports from your school covering  
the above named man's progress since February, 1922.

Will you kindly advise us how much  
work this man has covered to date?

Very truly yours,

W. F. Lent  
Manager, District 2

By: J. C. Wardlaw  
Chief, Rehabilitation Division



STOP PAYMENT NOTICE.

Date March 2, 1921

No. I \_\_\_\_\_, No. C -16909

FROM: Compensation and Insurance Claims Division.

R- 2-46026

TO: Compensation and Insurance Payments Section.

SUBJECT: Stop payment on Compensation (Disability) Award.  
(Designate kind of award, whether Contract Insurance, Automatic Insurance, or Compensation.)

1. Discontinue payment to Lynewood G. Celdon  
(Name of Payee.)
2. Effective date of above action Feb. 6, 1921. T.P.-10/-18.00
3. Reason for action Entered Vocational Training.
4. Name of soldier or sailor As above.
5. Service Army.

(Designate whether Army, Navy, Marine Corps, or Coast Guard) N. H. Hallett

Assistant Director, in charge of  
COMPENSATION AND INSURANCE CLAIMS DIVISION.

Per [Signature]

7-10295



From: Board of Appeals, Dist. 2.

To: J. C. Wardlaw  
Chief, Rehabilitation Division.

Re: Golden, L. C-16909  
1506 Tracey Ave.  
Endicott, N.Y.

May 8, 1923.

APPEAL FOR FURTHER TRAINING AND CHANGE OF OBJECTIVE SUBSEQUENT  
TO PERMANENT DISCONTINUANCE.

Prior to entering the military service the appellant was employed as a mechanic's helper and chauffeur for a period of approximately two and a half years. His disability is described as "compound myopic astigmatism" rated Temporary Partial 10%, not concurred in by the E.B.H.T. rating doctor. He entered training Feb. 7, 1921 with the employment objective--journalism. He, however, appeared to be a misfit in this occupation and his objective was changed to staff photography and reporting June 9, 1921. His training was permanently discontinued Feb. 2, 1923 in view of the fact that he was not taking proper advantage of the training opportunity afforded and was discontinued after having been warned regarding his non-cooperative attitude after the third offense. It appears that an error was made by the Sub-District office in prescribing two employment objectives instead of one. It appears, however, that approximately 90% of his time was spent in staff photography work and according to his own statement he considers himself quite proficient as a staff photographer. He now desires to be re-entered into training and requests his objective to be changed to motion picture operator stating that as a staff photographer it is necessary for him to have a good working knowledge of this work.

After carefully reviewing all the facts the Board is of the opinion that the appellant has been trained to the point of employability as a staff photographer. It appears that because of his attitude he lost his position which seemed to offer a good future. The Board further is of the opinion that the appellant is not entitled to further training or a change of objective. The appeal is denied. The man was not present in person.

BOARD OF APPEALS

H.B. Epstein, Chairman

E.H. Goodfellow, M. D.

E.B. Dunkleberger, Rehab.

EBD:HL

MEMORANDUM TO EXAMINER—PAYMENTS SUSPENDED

From Comp. & Ins. Payments Sec. (CC)  
To Examiner, C. & I. Claims (CC)  
Subject Payment Suspended on C -  
I -

Date 2/19/21

(Disability) —  
(Death)  
(Contract)  
(Automatic)

16909

Payments on award for

Lynewood G. Celdon, Payee.

have been suspended { awaiting  
on account of }

Surf for soc Indite

payment through Jan, 1921.

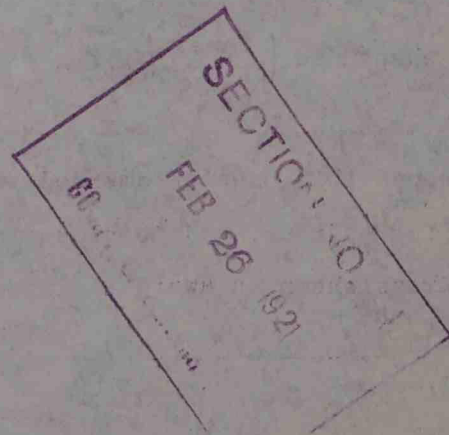
To reopen this case an amended award is necessary, except in cases  
suspended for address, and to close this case a stop payment notice is required.

Latest address shown on award

397 W. Water st

Elmira N. Y.

4 EC  
Clerk, C. & I. Payments Section.





C-16707

File  
391

April 18, '33.

Rehab. 5.

From: Asst. District Manager.  
To: Sub-District Manager, Binghamton, N.Y.  
Re: Lynwood Geldon.

Enclosed find a copy of a letter from the Hope Correspondence School regarding the above named man's course in Journalism.

E. H. Hale,  
Asst. District Manager.  
U.S. Veterans' Bureau, Dis. #2.

EK/af

PLEASE RETAIN IN  
DISTRICT OFFICE FILES  
C. T. O.



16909

THE HOME CORRESPONDENCE SCHOOL  
SPRINGFIELD, MASSACHUSETTS

OFFICE OF THE PRESIDENT

F. ARTHUR METCALF

April 7, 1922.

Mr. J. C. Wardlaw, Chief,  
Rehabilitation Division,  
Bureau of War Risk Insurance,  
Treasury Department,  
Washington, D.C.

File  
391

My dear Mr. Wardlaw:-

Upon referring to our records, as requested in your letter of March 30, I find that Lynwood Geldon has sent in eighteen lessons of the twenty-five lesson course in journalism so far. His last lessons were received February 27 and returned March 2. He is making very good progress indeed.

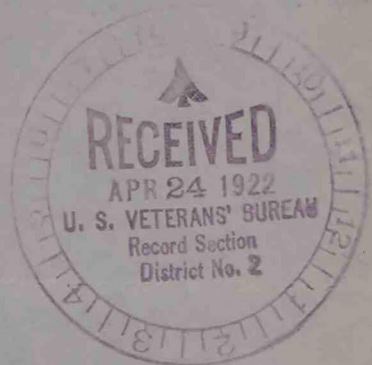
Very truly yours,

*R. C. Colburn*  
Assistant to President.

RCC:AS









Celdori-Lynne wood S. Y.

-R-

16-909

R

DECENTRALIZED CASE

Power of Attorney  
Dated \_\_\_\_\_ Appoints \_\_\_\_\_

P-22

CANCELLED

JAMES HEARNS

CHICAGO ILL

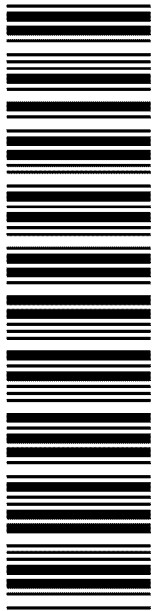
MAY 3 1946

REPEAL DOCKET

NP 145293



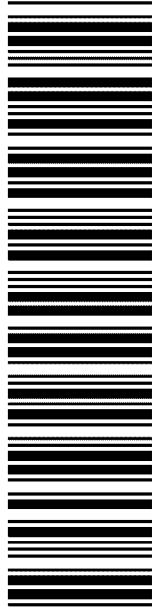
\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

**BESTCOPY**

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# NOTICE OF TERMINATION OF TRAINING

R— 46026

C— 16909

S— Unknown

1. Name (last name first) CALDON, Lynnewood Date Feb'y 5, 1923
2. Rank or Rating Pvt. Organization Hdq. Co., 165 Inf.
3. Future Address 1506 Tracey St., Endicott, N.Y.
4. Has terminated training under Section TWO of the Vocational Rehabilitation Act as amended.
5. Effective February 2, 1923 for the reason indicated by an "x" in parenthesis below:
 

A ( )	B ( )	C (x)	D ( )	E ( )
Rehabilitated Sec. 2	Training Completed Sec. 3	Permanently Discontinued	Instruction Interrupted	Deceased
6. Last Place of Training C.E. Bennett, Address 23 Washington Ave. Endicott, N.Y.
7. Form 107D sent above-named person January 8, 1923 (Date)
8. Explanation of termination of training:

Trainee was absent without leave February 3rd. Was sent his third letter notifying him of lack of cooperation.

Commenced training February 7, 1921 - Reporter and staff photographer

Payments for maintenance and support, if any, to above-named person provided for by the Vocational Rehabilitation Act as amended and the Regulations of the Bureau will be discontinued from date of termination of training as shown above.

Approved: C.T. Lile  
Rehabilitation Assistant for District Manager, Dist. No. 2

Signed: Edward M. Simon  
Local Training Supervisor for Subdistrict Manager.

At 1208 Press Bldg., Binghamton NY

## STAMP DATE MAILED

To Suboffice	To District Office	To Central Office	Date Received	Date Passed
	<b>2-5-23</b>			
By Suboffice	By District Office	By Central Office	By District Office	By Central Office



From: Local Supervisor, Division of Vocational Rehabilitation,  
Federal Board for Vocational Education.

R- 46026  
D- 391  
C- 16909

To: Name LDON, Lynnewood Rank and Org. Pvt. Hdq. Co. 165 In Serial No. Unknown  
Future address Binghamton, N.Y. Place Binghamton, N.Y.  
Date Jan. 8, 1923  
Re: Notice of discontinuance of Federal Board training.

Effective February 15, 1923, your vocational training is terminated for the following  
reason: REHABILITATED - Completion of Training Program

If you desire to communicate with the Federal Board, please address the nearest district or local office.  
A physical examination will be necessary before the Bureau of War Risk Insurance can award you compensation. This notice presented to the physician named below will entitle you to this physical examination without charge. Transportation, if necessary, will be sent without your requesting it by the District Supervisor of the United States Public Health Service, who has a copy of this notice.  
Local Examiner:

Chas. R. Seymour, M. D. (Name).

(Signed) E. Edward M. Simon

1208 Press Bldg., Binghamton NY Address.

Local Supervisor,

District No. TWO

Transportation <sup>is</sup> necessary for the claimant to proceed  
is not

from \_\_\_\_\_ to \_\_\_\_\_

Ad: Claims Div.



## Notice of Change of Status During Training

THIS IS TO CERTIFY, in accordance with the regulations of the United States Veterans Bureau which are applicable, that the person named below, in training under section ~~TWO~~ of the Vocational Rehabilitation Act as amended, has changed status in the particulars noted in items

C 16909  
R 46026  
S Unknown  
Rank Pvt.  
Org Bldg. Co.  
165 Inf.

3, 4, 5, and 6, effective January 17, 1923  
(Date.)

1. Name CELDON, Lynnewood Date of issuance February 5, 1923  
(Last.) (First.) (Second.)
2. Residence 1506 Tracey St., Endicott, N.Y.  
(Where trainee lodges and boards on effective date of this form.)
3. NATURE OF CHANGE (state whether change of name, effective date, employment objective, course, place of training, rate of maintenance allowance, locality, etc.)  
Discontinuance of correspondence course
4. FROM (state employment objective, and particulars of old status from which change is made) C.E. Bennett, 23 Washington Ave. Endicott, NY (Reporter & Staff photographer)  
Corr. course with Home Corres. School, Springfield, Mass. Journalism
5. TO (state particulars of new status to which change is made)  
Placement Training only.
6. Supplementary instruction provided in \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_ Address \_\_\_\_\_
7. REMARKS (give reasons and authority for change) Letter District Office  
R-8/19 dated Jan. 19, 1923.

Approved C.T. Lile  
Rehabilitation Assistant for  
District Manager, Dist. No. TWO

(Signed) Edward M. Simon  
Local Training Supervisor for  
Subdistrict Manager

At 1208 Press Bldg., Binghamton NY

### STAMP DATE MAILED

To Suboffice	To District Office	To Central Office	Date received	Date passed
	2-5-23	FEB 15 1923		
By Suboffice	By District Office	By Central Office	By District Office	By Central Office



## Notice of Change of Status During Training

THIS IS TO CERTIFY, in accordance with the regulations of the United States Veterans Bureau which are applicable, that the person named below, in training under section ~~100~~ of the Vocational Rehabilitation Act as amended, has changed status in the particulars noted in items

C- 16909  
R- 46026  
S- Unknown  
Rank- Pvt.  
Org- Hdq. Co. 165 Inf

3, 4, 5, and 6, effective ~~January 24, 25, 26~~ 1923  
(Date.)

1. Name ~~GILSON, Lynnewood~~ Date of issuance ~~Feb. 2, 1923~~  
(Last) (First) (Second.)
2. Residence ~~1506 Tracey Ave., Endicott, N.Y.~~  
(Where trainee lodges and boards on effective date of this form.)
3. NATURE OF CHANGE (state whether change of name, effective date, employment objective, course, place of training, rate of maintenance allowance, locality, etc.)  
~~Status, rate of maintenance allowance~~
4. FROM (state employment objective, and particulars of old status from which change is made) ~~C.E. Bennett, 23 Washington Ave., Endicott, N.Y. (Staff Photographer) \$155.00~~
5. TO (state particulars of new status to which change is made)  
~~Interrupted Training No Pay~~
6. Supplementary instruction provided in \_\_\_\_\_  
at \_\_\_\_\_ Address \_\_\_\_\_
7. REMARKS (give reasons and authority for change) ~~Trainee absent without leave three (3) day, January 24, 25, 26.~~

Approved ~~C.T. Lile~~  
Rehabilitation Assistant for  
District Manager, Dist. No. ~~200~~

(Signed) ~~Edward M. Simon~~  
Local Training Supervisor for  
Subdistrict Manager

At ~~1208 Press Bldg., Binghamton, N.Y.~~

### STAMP DATE MAILED

To Suboffice	To District Office	To Central Office	Date received	Date passed
	2-2-23			
By Suboffice	By District Office	By Central Office	By District Office	By Central Office

## Notice of Change of Status During Training

THIS IS TO CERTIFY, in accordance with the regulations of the United States Veterans Bureau which are applicable, that the person named below, in training under section TWO of the Vocational Rehabilitation Act as amended, has changed status in the particulars noted in items

C- 16909  
R- ~~46026~~ 46026  
S- Unknown  
Rank Pvt.  
Org. Hdq. Co., 165 Inf

3, 4, 5, and 6, effective January 3, 1923  
(Date.)

1. Name CELDON, Lymewood Date of issuance Jan. 5, 1923  
(Last.) (First.) (Second.)
2. Residence Endicott, N.Y.  
(Where trainee lodges and boards on effective date of this form.)
3. NATURE OF CHANGE (state whether change of name, effective date, employment objective, course, place of training, rate of maintenance allowance, locality, etc.)  
Place of training
4. FROM (state employment objective, and particulars of old status from which change is made) Elmira Star Gazette, Elmira, N.Y. (Reporter & Staff photographer) \$155.00
5. TO (state particulars of new status to which change is made) C.E. Bennett, 23 Washington Ave., Endicott, N.Y. (Staff Photographer) \$155.00
6. Supplementary instruction provided in \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_ Address \_\_\_\_\_
7. REMARKS (give reasons and authority for change) To complete training program

Approved C.T. Lile  
Rehabilitation Assistant for  
District Manager, Dist. No. TWO

(Signed) Edward M. Simon  
Local Training Supervisor for  
Subdistrict Manager

At 1208 Press Bldg., Binghamton, N.Y.

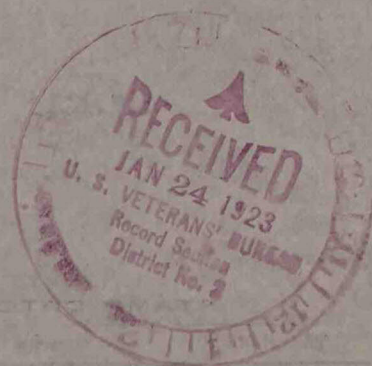
### STAMP DATE MAILED

To Suboffice	To District Office	To Central Office	Date received	Date passed
	<u>1-5-23</u>	<u>JAN 7 3 1923</u>		
By Suboffice	By District Office	By Central Office	By District Office	By Central Office



FOR DISTRICT OFFICE

Office of Charge of the Marine Training



--	--	--	--	--	--



## Notice of Change of Status During Training

THIS IS TO CERTIFY, in accordance with the regulations of the United States Veterans Bureau which are applicable, that the person named below, in training under section TWO of the Vocational Rehabilitation Act as amended, has changed status in the particulars noted in items

C- 16909  
R- 391  
S- Unknown  
Rank- Pvt.  
Org Inf. Co., 165 Inf

3, 4, 5, and 6, effective December 13, 1922  
(Date.)

1. Name CELSON, Lynnewood Date of issuance Dec. 19, 1922  
(Last.) (First.) (Second.)

2. Residence 1055 Lincoln St., Elmira, N. Y.  
(Where trainee lodges and boards on effective date of this form.)

3. NATURE OF CHANGE (state whether change of name, effective date, employment objective, course, place of training, rate of maintenance allowance, locality, etc.)

Rate of maintenance allowance

4. FROM (state employment objective, and particulars of old status from which change is made) Absent from training without leave - No pay

5. TO (state particulars of new status to which change is made)

Elmira Star Gazette, Elmira, N. Y. Reporter & Staff photographer \$155.00

6. Supplementary instruction provided in

at Address

7. REMARKS (give reasons and authority for change) Returned to former place of training after illness and A.W.O.L.

Approved C.T. Lile  
Rehabilitation Assistant for  
District Manager, Dist. No TWO

(Signed) Edward M. Simon  
Local Training Supervisor for  
Subdistrict Manager

At 1208 Press Bldg., Binghamton, N.Y.

### STAMP DATE MAILED

To Suboffice	To District Office	To Central Office	Date received	Date passed
	<u>12-19-22</u>			
By Suboffice	By District Office	By Central Office	By District Office	By Central Office

A circular purple ink stamp. The word "RECEIVED" is arched across the top. In the center, the date "DEC 21 1922" is stamped. Below the date, the text "U. S. VETERANS' BUREAU," is printed, followed by "RECORD SECTION" and "DISTRICT NO 2" at the bottom. The outer ring of the stamp contains the numbers 1 through 12, representing the hours of the day.



## Notice of Change of Status During Training

THIS IS TO CERTIFY, in accordance with the regulations of the United States Veterans Bureau which are applicable, that the person named below, in training under section ~~Two~~ of the Vocational Rehabilitation Act as amended, has changed status in the particulars noted in items

C- 16909  
R- 391  
S- Unknown  
Rank- Pvt.  
Hq. Co.  
Org. 165 Inf.

3, 4, 5, and 6, effective December 9, 1922  
(Date.)

1. Name CELSON, Lynwood Date of issuance Dec. 19, 1922  
(Last.) (First.) (Second.)
2. Residence 1055 Lincoln St., Elmira, N. Y.  
(Where trainee lodges and boards on effective date of this form.)
3. NATURE OF CHANGE (state whether change of name, effective date, employment objective, course, place of training, rate of maintenance allowance, locality, etc.)  
Rate of maintenance allowance
4. FROM (state employment objective, and particulars of old status from which change is made) \$115.00 per month (Reporter & staff photography)
5. TO (state particulars of new status to which change is made) No pay
6. Supplementary instruction provided in \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_ Address \_\_\_\_\_
7. REMARKS (give reasons and authority for change) Trainee absent without leave  
December 9th, 10th, 11th, and 12th

Approved C. T. Lile  
Rehabilitation Assistant for  
District Manager, Dist. No. 112

(Signed) Edward M. Simon  
Local Training Supervisor for  
Subdistrict Manager

At 1208 Press Bldg., Binghamton, N. Y.

### STAMP DATE MAILED

To Suboffice	To District Office	To Central Office	Date received	Date passed
<div></div>	<div>12-19-22</div>	<div></div>	<div></div>	<div></div>
By Suboffice	By District Office	By Central Office	By District Office	By Central Office

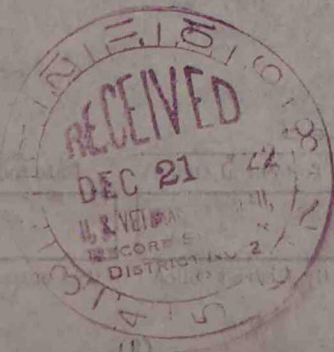


FOR DISTRICT OFFICE

# Notice of Change of Status During Training

THIS IS TO CERTIFY that the undersigned, being a member of the United States Army, has been assigned to the position of [illegible] at [illegible] and is hereby notified that the [illegible] of his status during training is hereby changed to [illegible] and that he is to be treated as such for all purposes.

[The following text is extremely faint and largely illegible due to the quality of the scan and the age of the document. It appears to contain several paragraphs of administrative details, possibly including dates, locations, and specific instructions regarding the change of status.]



STAMP DATE MAIL

--	--	--	--	--	--

## Notice of Change of Status During Training

THIS IS TO CERTIFY, in accordance with the regulations of the United States Veterans Bureau which are applicable, that the person named below, in training under section T.O. of the Vocational Rehabilitation Act as amended, has changed status in the particulars noted in items

C. 16909  
R. 391  
S- Unknown  
Rank Pvt.  
Hdq. Co.  
Org. 165 Inf.

3, 4, 5, and 6, effective November 14, 1922  
(Date.)

1. Name ORLSON, Lynwood Date of issuance Dec. 19, 1922  
(Last.) (First.) (Second.)
2. Residence 1055 Lincoln St., Elmira, N. Y.  
(Where trainee lodges and boards on effective date of this form.)
3. NATURE OF CHANGE (state whether change of name, effective date, employment objective, course, place of training, rate of maintenance allowance, locality, etc.)  
Place of training, rate of maintenance allowance
4. FROM (state employment objective, and particulars of old status from which change is made) Elmira Star Gazette, Elmira, N.Y. Reporter & Staff Photographer  
\$155.00 per month
5. TO (state particulars of new status to which change is made)  
Hospital status- out patient \$115.00 per month
6. Supplementary instruction provided in \_\_\_\_\_  
at \_\_\_\_\_ Address \_\_\_\_\_
7. REMARKS (give reasons and authority for change) Trainee ill at home, excused by own doctor which was approved by Sub-District Medical Officer. Delay in issuance of form is due to lack of co-operation on part of trainee in submitting proper credentials.

Approved C.T. Lile  
Rehabilitation Assistant for  
District Manager, Dist. No. TWO

(Signed) Edward M. Simon  
Local Training Supervisor for  
Subdistrict Manager

At 1208 Press Bldg., Binghamton, N.Y.

### STAMP DATE MAILED

To Suboffice	To District Office	To Central Office	Date received	Date passed
<div></div>	<div>12-19-22</div>	<div></div>	<div></div>	<div></div>
By Suboffice	By District Office	By Central Office	By District Office	By Central Office







NOTICE OF CHANGE OF STATUS DURING TRAINING

C- 16909  
R- 46026  
D- 391

(Date of Issuance) June 9, 1922

1. Name GELDON, Lynnewood  
(Last.) (First.) (Second.)
2. Rank or rating Private Organization Hq. Co. 165 Inf. Serial No. \_\_\_\_\_
3. Home address 1055 Lincoln St., Elmira, N. Y.  
(Number.) (Street.) (City.) (State.)
4. THIS IS TO CERTIFY that the above-named person, in training under the Vocational Rehabilitation Act as amended, has changed status in the particulars noted on lines 6 and 8.
5. Effective (date new status begins) June 8, 1922
6. Nature of change (state whether change of name, effective date, employment objective, course, place of training, rate of maintenance allowance, etc.) Employment Objective
7. From (state particulars of old status from which change is made) Journalism
8. To (state particulars of new status to which change is made) Reporter & staff photographer
9. Supplementary or additional instruction provided in \_\_\_\_\_  
at \_\_\_\_\_ address \_\_\_\_\_
10. Remarks (give reasons and authority for change) Former objective too broad in scope in view of trainee's background of education and employment
11. It is further certified that the change described above was made in accordance with the regulations of the United States Veterans Bureau applicable thereto.

Signed Don M. Hooks Certified by Anna Globe Dist. No. 720  
Educational Director or Local Manager. For District Manager.

At 1203 Press Bldg., Binghamton, N.Y. At \_\_\_\_\_  
(Address.) (Address.)

STAMP DATE MAILED

To Suboffice	To District Office	To Central Office	Date Received	Date Passed
	6-9-22	JUN 17 1922		
By Training Center.	By Suboffice.	By District Office.	By Central Office.	By Central Office.

APPROVED: UNITED STATES VETERANS BUREAU,

By \_\_\_\_\_  
For Assistant Director in charge of Finance.

ENTERED  
JUN 19 1922  
Audit Sec.

FEDERAL BOARD FOR VOCATIONAL EDUCATION  
DIVISION OF VOCATIONAL REHABILITATION

R— 2-46026  
D— 2-391  
C— 16909

NOTICE OF CHANGE OF STATUS DURING TRAINING

1. Name (last name first) Calden, Lynwood J. Date June 15, 1921.  
2. Rank or Rating Pvt. Organization Inf. Co., 165 Inf. Serial No. 2  
3. Effective May 15, 1921.

Change:

(A) To SECTION \_\_\_\_\_ from SECTION \_\_\_\_\_  
(B) Total maintenance and support allowance to \$\_\_\_\_\_ per month, from \$\_\_\_\_\_ per month. Such change made on account of—

- (1) ☐ Local increase provided by act of June 5, 1920.  
(2) ☐ Dependency allowance for the following dependents: \_\_\_\_\_  
(Names and relationship.)

as shown by: ☐ Form 544 Rev. attached; ☐ award of compensation by the Bureau of War Risk Insurance;  
☐ evidence in application for compensation on file at the Bureau; or ☐ birth certificate of child, attached.

(3) ☐ Reduction made in accordance with regulations for the following reason: \_\_\_\_\_

(C) To Employment Objective \_\_\_\_\_ from \_\_\_\_\_

(D) To Course \_\_\_\_\_  
From \_\_\_\_\_

(E) To Place of Training \_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_ Address \_\_\_\_\_

4. Supplementary or additional instruction provided in Journalism  
at Home Correspondence School Address Springfield, Mass.

5. Explanation of each change specified under "3" above:

Man is taking above course concurrent with placement training.

6. The above change of status was made in accordance with the Vocational Rehabilitation Act as amended and the Regulations of the Board.

Signed A. E. Jones  
Educational Director or Local Supervisor.

Certified by Leo P. McAnuliff  
For District Vocational Officer.

At 1203 Press Bldg., Washington, N.Y.  
(Address.)

District No. two

STAMP DATE MAILED.

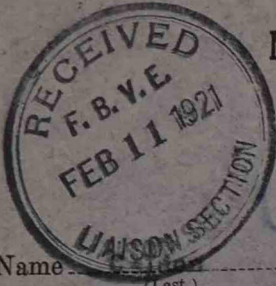
To Local Office.	To District Office.	To Central Office.	Date Received.	Date Passed.
	<u>June 15, 1921.</u>			
By F. B. Trg. Ctr.	By Local Office.	By District Office.	By Central Office.	By Central Office.

Approved: FEDERAL BOARD FOR VOCATIONAL EDUCATION.

By \_\_\_\_\_  
For Assistant Director for Vocational Rehabilitation.



FEDERAL BOARD FOR VOCATIONAL EDUCATION  
DIVISION OF REHABILITATION



NOTICE OF COMMENCEMENT OF TRAINING  
(Section 2)

R-2-46826

D-2-391

C-14909

Date February 7, 1921.

1. Name Lynwood G. 1055 Lincoln St., Elmira, NY  
(Last.) (First.) (Middle.) (Home address.)

2. Rank or rating Pat. 1/c Organization Hdq. Co. 145 Inf. Serial No. \_\_\_\_\_

3. Dependents: Relationship: Proof: one attached

Floie Mae Celdon Wife

Agnes H. Celdon Mother

Anne Russell Celdon Daughter

Proof submitted must be either:  
(1) Form 544 Rev. attached.  
(2) Award of compensation by Bureau.  
(3) Evidence in application for compensation on file at Bureau.  
Type "one," "two," or "three" below, showing character of proof submitted in the case to correspond with above numerals.

has been determined to be eligible for vocational training under Section 2 of the Vocational Rehabilitation Act as amended and has commenced such training.

4. For Journalist  
(Employment objective.)

5. At Elmira Star-Gazette Inc., East Market & Baldwin Sts., Elmira, N.Y.  
(Place of training.) (Street.) (City.) (State.)

6. On the 7 day of February, 1921.

7. And during the period of training is entitled to receive under the Vocational Rehabilitation Act, as amended, and the regulations of the Board, \$ 135.00 per month.

8. Cost of instruction, \$ not determined Cost of books and supplies, \$ not determined Traveling expenses, \$ not determined  
(Estimated for fiscal year or balance of fiscal year.)

Certified by T. H. Goughlin  
Local Supervisor.

(Signed) Leo F. McAniff  
Asst. to District Vocational Officer.

Approved:

FEDERAL BOARD FOR VOCATIONAL EDUCATION,

By \_\_\_\_\_  
Chief, Division of Rehabilitation.



FEDERAL BOARD FOR VOCATIONAL EDUCATION  
DIVISION OF REHABILITATION

NOTICE OF COMMENCEMENT OF TRAINING  
(Section 2)



INSTRUCTIONS

1. This form is for Section 2 cases only, and must be transmitted to Central Office within three days after commencement of training. Report Section 3 or 6 cases on Form 107-X. Only cases which commence training for the first time, or which recommence after a discontinuance reported on Form 107-B, may be reported on Form 107, Rev. 3. Changes, e. g., change of employment objective, place of training, or any change in status affecting payments to the trainee, or on account of the trainee, must be reported on Form 107-A, Rev. 3.
2. Each item of information called for is necessary and must be given if available, or the word "unknown" inserted in the space for that item.
3. Six copies of this form, an original and five carbon copies, must be prepared. Three copies, the original and two carbon copies, shall be transmitted to Central Office by the District Office, securely pinned together, with accompanying papers, if any. The original must be certified by the Local Supervisor and signed by the District Vocational Officer. The carbons may be stamped with these officers' names. The Local Office and the District Office should each retain one copy, and one copy should be sent to the District Supervisor of the U. S. P. H. S.
4. In the upper right-hand corner, in the space indicated, fill in Central Office and District Office file numbers, compensation number, if known, and date of execution of form.
5. On line 3 insert names of dependents (or word "none"), with the relationship of each in parentheses, following names of dependents. (Example: Smith, Mary Jane (wife), Smith, Sarah Ann (daughter), etc.)
6. On line 4 fill in specifically the trade, business, or profession for which the person is being trained.
7. On line 5 (Place of Training) fill in name and address of educational institution, firm, or commercial establishment, followed by "Inst.," "Job," "Private tutor," etc., to describe method of training.
8. Support and maintenance payments as described by the act.—Until dependency has been established, the amount shown must be \$80, \$90, or \$100, as authorized for the locality in which the trainee resides.
9. Cost of instruction.—State estimated cost of training for the fiscal year or the remainder of the fiscal year.

Form 107, Rev. 3



COPY FOR  
DISTRICT OFFICE

FEDERAL BOARD FOR VOCATIONAL EDUCATION  
DIVISION OF VOCATIONAL REHABILITATION

R— 2-46026  
D— 2-391  
C— 16909

NOTICE OF CHANGE OF STATUS DURING TRAINING

1. Name (last name first) Galdon, Lynwood J. Date June 15, 1921.  
2. Rank or Rating Pvt. Organization Hdq. Co., 165 Inf. Serial No. ?  
3. Effective May 16, 1921.

Change:

(A) To SECTION \_\_\_\_\_ from SECTION \_\_\_\_\_

(B) Total maintenance and support allowance to \$ \_\_\_\_\_ per month, from \$ \_\_\_\_\_ per month. Such change made on account of—

(1) ( ) Local increase provided by act of June 5, 1920.

(2) ( ) Dependency allowance for the following dependents: \_\_\_\_\_

(Names and relationship.)

as shown by: ( ) Form 544 Rev. attached; ( ) award of compensation by the Bureau of War Risk Insurance; ( ) evidence in application for compensation on file at the Bureau; or ( ) birth certificate of child, attached.

(3) ( ) Reduction made in accordance with regulations for the following reason: \_\_\_\_\_

(C) To Employment Objective \_\_\_\_\_ from **ENTERED**

(D) To Course \_\_\_\_\_ **SEP 14 1921**

From \_\_\_\_\_ **TRAINING**

(E) To Place of Training \_\_\_\_\_ Address **PAY SECTION**

From \_\_\_\_\_ Address \_\_\_\_\_

4. Supplementary or additional instruction provided in Journalism  
at Home Correspondence School Address Springfield, Mass.

5. Explanation of each change specified under "3" above:

Man is taking above course concurrent with placement training.

**ENTERED**  
**SEP 15 1921**  
**Audit Sec.**

6. The above change of status was made in accordance with the Vocational Rehabilitation Act as amended and the Regulations of the Board.

Signed A.E. Jones  
Educational Director or Local Supervisor.

Certified by Leo F. McAuliff  
For District Vocational Officer.

At 1208 Press Bldg., Binghamton, N.Y.  
(Address.)

District No. two

STAMP DATE MAILED.

To Local Office.

To District Office.

To Central Office.

Date Received.

Date Passed.

By F. B. Trg. Ctr.

By Local Office.

By District Office.

By Central Office.

By Central Office.

Approved: FEDERAL BOARD FOR VOCATIONAL EDUCATION.

By \_\_\_\_\_  
For Assistant Director for Vocational Rehabilitation.



FEDERAL BOARD FOR VOCATIONAL EDUCATION  
DIVISION OF REHABILITATION

NOTICE OF COMMENCEMENT OF TRAINING  
(Section 2)

R-2-46626

D-2-391

C- 16909

Date February 7, 1921.

1. Name Celdon Lynnwood G. 1055 Lincoln St., Elmira, NY  
(Last.) (First.) (Middle.) (Home address.)

2. Rank or rating Pvt. 1/c Organization Hdq. Co. 165 Inf. Serial No. \_\_\_\_\_

3. Dependents: Relationship: Proof: one attached

Flsie Mae Celdon Wife

Agnes H. Celdon Mother

Anne Mausell Celdon Daughter

Proof submitted must be either:  
(1) Form 544 Rev. attached.  
(2) Award of compensation by Bureau.  
(3) Evidence in application for compensation on file at Bureau.  
Type "one," "two," or "three" below, showing character of proof submitted in the case to correspond with above numerals.

has been determined to be eligible for vocational training under Section 2 of the Vocational Rehabilitation Act as amended and has commenced such training.

4. For Journalist (Employment objective.)

5. At Elmira Star-Gazette Inc., East Market & Baldwin Sts., Elmira, N.Y.  
(Place of training.) (Street.) (City.) (State.)

6. On the 7 day of February, 1921.

7. And during the period of training is entitled to receive under the Vocational Rehabilitation Act, as amended, and the regulations of the Board, \$ 155.00 per month.

8. Cost of instruction, not determined Cost of books and supplies, not determined Traveling expenses, not determined  
(Estimated for fiscal year or balance of fiscal year.)

Certified by T.N. Coughlin Local Supervisor.

(Signed) Leo F. McAuliff Asst. to District Vocational Officer.

Approved:

FEDERAL BOARD FOR VOCATIONAL EDUCATION,

By Pitot L. Butler  
Asst. to the Asst. Director

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

Form 107, Rev. 3

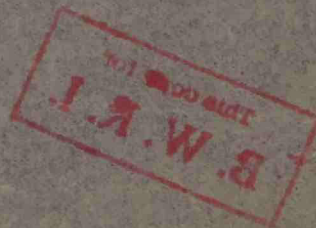


# NOTICE OF COMMENCEMENT OF TRAINING

## INSTRUCTIONS

1. This form is for Section 2 cases only, and must be transmitted to Central Office within three days after commencement of training. Report Section 3 or 6 cases on Form 107-X. Only cases which commence training for the first time, or which recommence after a discontinuance reported on Form 107-B, may be reported on Form 107, Rev. 3. Changes, e. g., change of employment objective, place of training, or any change in status affecting payments to the trainee, or on account of the trainee, must be reported on Form 107-A, Rev. 3.
2. Each item of information called for is necessary and must be given if available, or the word "unknown" inserted in the space for that item.
3. Six copies of this form, an original and five carbon copies, must be prepared. Three copies, the original and two carbon copies, shall be transmitted to Central Office by the District Office, securely pinned together, with accompanying papers, if any. The original must be certified by the Local Supervisor and signed by the District Vocational Officer. The carbons may be stamped with these officers' names. The Local Office and the District Office should each retain one copy, and one copy should be sent to the District Supervisor of the U. S. P. H. S.
4. In the upper right-hand corner, in the space indicated, fill in Central Office and District Office file numbers, compensation number, if known, and date of execution of form.
5. On line 3 insert names of dependents (or word "none"), with the relationship of each in parentheses, following names of dependents. (Example: Smith, Mary Jane (wife), Smith, Sarah Ann (daughter), etc.)
6. On line 4 fill in specifically the trade, business, or profession for which the person is being trained.
7. On line 5 (Place of Training) fill in name and address of educational institution, firm, or commercial establishment, followed by "Inst.," "Job," "Private tutor," etc., to describe method of training.
8. Support and maintenance payments as described by the act.—Until dependency has been established, the amount shown must be \$80, \$90, or \$100, as authorized for the locality in which the trainee resides.
9. Cost of instruction.—State estimated cost of training for the fiscal year or the remainder of the fiscal year.

Form 107, Rev. 3





UNITED STATES VETERANS BUREAU

1208 Press Bldg.,  
Binghamton, N. Y.,  
March 23, 1923.

DISTRICT No. 2

IN REPLY REFER TO:

"R-9 - SR-3"  
C-16 909  
Celdon, Lynnewood

*Pom*

U. S. Veterans' Bureau,  
Grand Central Palace,  
New York, N. Y.  
Att: Registration Officer.

Dear sir:

We are forwarding 703 and complete training data on the above named man which is an appeal for further training after claimant was permanently discontinued for not cooperating with the U. S. Veterans' Bureau.

Respectfully,

DON M. HOOKS,  
Sub-District Manager.

BY: *J. H. Hathaway*  
J. H. Hathaway,  
Registration Officer.

Incls.





BINGHAMPTON EMPLOYMENT AGENCY

LABOR CONTRACTORS

562-563 O'Neil Bldg.,

Re: L. G. Celdon, C-16909. Reenstatement and  
appeal of vocational training.

Binghampton, N.Y.

February 6, 1923.

Lieutenant Colonel Charles R. Forbes,  
Director, United States Veterans Bureau,  
Washington, D.C.  
Dear Sir:-

Yesterday I received a notice from the Binghampton sub-district office informing me that the last two weeks of my training had been discontinued due to my being absent approximately 4 days. Three of the four days absence were due to illness and the fourth day due to my seeking a position as I realize that the employment division had not and was not able to secure me a position as reported and staff photographer in the remaining 12 days. Therefore I took it upon myself to look for a position.

I am married, have a daughter and dependant mother and felt that it was impossible for me to wait on the employment division to function thereby making a period of inactivity sure.

My training program calls for staff photography. What I know of it certainly pleased the Elmira Star Gazette but the Bureau here brought me to Binghampton for six weeks where I was doing nothing with no one to give time to me.

According to your definition of rehabilitation which I heard you give in San Francisco last June I am supposed to be placed and proven to be able to make a living at it. I can make the living if I can be placed and want to work at it. However, considering that I did not have any more than 4 weeks at it, as training, I feel that I should be given an additional few months, not to give me the money, although I need it bad, but to put me in a class above the high speed amature work.

Therefore I am appealing my case in the hopes that you will weigh this matter justly. There are numerous angles to staff photography, one is motion picture work. I could not impress upon the officials here that newspapers are using motion picture work.

Respectfully,

/s/ L. G. Celdon.



April 27, 1923.

APPEAL FOR FURTHER TRAINING

From: Chief, Rehabilitation Division  
To: Chairman, District Board of Appeals  
Re: L. Celden C-16909  
10/27/19 Myopia  
10/30/20 C.C. myopia astigmatism  
1/12/23 Compound Myopia Astigmatism Muscular unbalance ✓

The attached report gives a rather complete record of this man's training history.

An error was made by the Sub District Office in prescribing training for two employment objectives instead of one. However, it would appear that the man devoted the greater part of his time to one objective, in which he has become proficient. He is now appealing for change of objective and further training.

It is the opinion of the Rehabilitation Board of Review & Survey that he is trained to the point of employability as a staff photographer. Because of his attitude he has lost his job which appeared to be a good one.

The Rehabilitation Board of Review & Survey therefore recommends to the District Board of Appeals that this man's appeal for further training and change of objective be denied. ✓

J.G.Wardlaw,  
Chief, Rehabilitation Division.

BY: REHABILITATION BOARD OF REVIEW & SURVEY

T.D. Macrossie  
T.D. MACROSSIE, Md. Medical Member

F.S. Collier  
F.S. COLLIER, Chairman  
R.E. Adkiss  
R.E. ADKISS, Act. Emp.

RECEIVED  
APR 30 1923  
BOARD OF APPEALS  
DISTRICT NO. 2

R-9-C/11

April 27, 1923

APPEAL FOR FURTHER TRAINING

From: Chief, Rehabilitation Division  
To: Chairman, District Board of Appeals  
Re: L. Celden G-16909  
10/27/19 Myopia  
10/30/20 C.C. myopia astigmatism  
1/12/23 Compound Myopia Astigmatism Muscular unbalance

The attached report gives a rather complete record of this man's training history.

An error was made by the Sub District Office in prescribing training for two employment objectives instead of one. However, it would appear that the man devoted the greater part of his time to one objective, in which he has become proficient. He is now appealing for change of objective and further training.

It is the opinion of the Rehabilitation Board of Review & Survey that he is trained to the point of employability as a staff photographer. Because of his attitude he has lost his job which appeared to be a good one.

The Rehabilitation Board of Review & Survey therefore recommends to the District Board of Appeals that this man's appeal for further training and change of objective be denied.

J.G. Wardlaw,  
Chief, Rehabilitation Division.

BY: REHABILITATION BOARD OF REVIEW & SURVEY

T.D. Macrossie  
T.D. MACROSSIE, Md. Medical Member

F.S. Collier  
F.S. COLLIER, Chairman  
R.E. Adkiss  
R.E. ADKISS, Act. Mmp.



R-9-0/11

April 27, 1923

APPEAL FOR FURTHER TRAINING

From: Chief, Rehabilitation Division  
To: Chairman, District Board of Appeals  
Re: L. Celden C-16909  
10/27/19 Myopia  
10/30/20 C.C. myopia astigmatism  
1/12/23 Compound Myopia Astigmatism Muscular unbalance

The attached report gives a rather complete record of this man's training history.

An error was made by the Sub District Office in prescribing training for two employment objectives instead of one. However, it would appear that the man devoted the greater part of his time to one objective, in which he has become proficient. He is now appealing for change of objective and further training.

It is the opinion of the Rehabilitation Board of Review & Survey that he is trained to the point of employability as a staff photographer. Because of his attitude he has lost his job which appeared to be a good one.

The Rehabilitation Board of Review & Survey therefore recommends to the District Board of Appeals that this man's appeal for further training and change of objective be denied.

J.C. Wardlaw,  
Chief, Rehabilitation Division.

BY: REHABILITATION BOARD OF REVIEW & SURVEY

T.D. MacROSSIE, Md. Medical Member

F.S. COLLIER, Chairman

R.E. ADKISS, Act. Mmp.



R-9-C/11

April 27, 1923

APPEAL FOR FURTHER TRAINING

From: Chief, Rehabilitation Division  
To: Chairman, District Board of Appeals  
Re: L. Celden C-16909  
10/27/19 Myopia  
10/30/20 C.C. Myopia Astigmatism  
1/12/23 Compound Myopia Astigmatism Muscular unbalance

The attached report gives a rather complete record of this man's training history.

An error was made by the Sub District Office in prescribing training for two employment objectives instead of one. However, it would appear that the man devoted the greater part of his time to one objective, in which he has become proficient. He is now appealing for change of objective and further training.

It is the opinion of the Rehabilitation Board of Review & Survey that he is trained to the point of employability as a staff photographer. Because of his attitude he has lost his job which appeared to be a good one.

The Rehabilitation Board of Review & Survey therefore recommends to the District Board of Appeals that this man's appeal for further training and change of objective be denied.

J.G. Wardlaw,  
Chief, Rehabilitation Division.

BY: REHABILITATION BOARD OF REVIEW & SURVEY

T.D. MacROSSIE, Md. Medical Member

P.S. COLLIER, Chairman

R.E. ADKINS, Act. Secy.



From: Board of Appeals, Dist. 2.

To: J. C. Wardlaw,  
Chief, Rehabilitation Division.

Celden, L. C-16909  
1506 Tracey Ave.  
Endicott, N.Y.

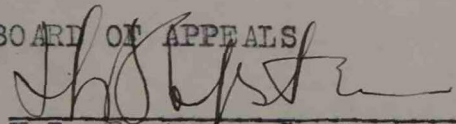
May 2, 1923.

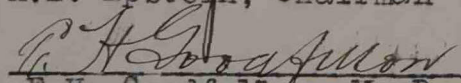
APPEAL FOR FURTHER TRAINING AND CHANGE OF OBJECTIVE SUBSEQUENT  
TO PERMANENT DISCONTINUANCE.

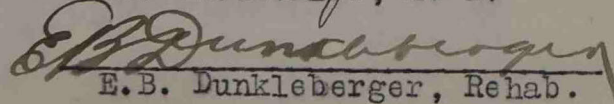
Prior to entering the military service the appellant was employed as a mechanic's helper and chauffeur for a period of approximately two and a half years. His disability is described as "compound myopic astigmatism" rated Temporary Partial 10%, not concurred in by the E.E.N.T. rating doctor. He entered training Feb. 7, 1921 with the employment objective--journalism. He, however, appeared to be a misfit in this occupation and his objective was changed to staff photography and reporting June 9, 1921. His training was permanently discontinued Feb. 2, 1923 in view of the fact that he was not taking proper advantage of the training opportunity afforded and was discontinued after having been warned regarding his non-cooperative attitude after the third offense. It appears that an error was made by the Sub-District office in prescribing two employment objectives instead of one. It appears, however, that approximately 90% of his time was spent in staff photography work and according to his own statement he considers himself quite proficient as a staff photographer. He now desires to be re-entered into training and requests his objective to be changed to motion picture operator stating that as a staff photographer it is necessary for him to have a good working knowledge of this work.

After carefully reviewing all the facts the Board is of the opinion that the appellant has been trained to the point of employability as a staff photographer. It appears that because of his attitude he lost his position which seemed to offer a good future. The Board further is of the opinion that the appellant is not entitled to further training or a change of objective. The appeal is denied. The man was not present in person.

BOARD OF APPEALS

  
H.B. Epstein, Chairman

  
E.H. Goodfellow, M. D.

  
E.B. Dunkleberger, Rehab.

EBD:ML

2.

R-9-B/6  
March 2, 1923.

Mr. Lynwood G. Celdon,  
1506 Tracey St.,  
Brooklyn, N.Y.

Dear Sir:-

We are in receipt of a copy of letter which  
you addressed to the Director, U.S. Veterans' Bureau,  
-Washington, D. C.

We note that you appeal for further training,  
and have already requested our sub-district office at  
Binghamton, N. Y., to get in touch with you, and assist  
you in the matter.

When you communicate with them, you should  
submit substantiating affidavits in support of your case.

Very truly yours,

W. F. Lent,  
Manager, District #2.



2.

R-9-E/6  
March 2, 1943.

Mr. Lynwood G. Gelson,  
1506 Tracey St.,  
Endicott, N.Y.

Dear Sir:-

We are in receipt of a copy of letter which you addressed to the Director, U.S. Veterans' Bureau, -Washington, D. C.

We note that you appeal for further training, and have already requested our sub-district office at Singhaeton, N. Y., to get in touch with you, and assist you in the matter.

When you communicate with them, you should submit substantiating affidavits in support of your case.

Very truly yours,

W. F. Lent,  
Manager, District #2.

HEADQUARTERS  
U. S. VETERANS' BUREAU  
Grand Central Palace  
46th St. & Lexington Avenue  
New York, N.Y.

*File*

January 22nd, 1923.

M-4-g

In reply refer to: TFC/mf  
"PROS"

C- 16 909  
Re: Celdon, Lynnewood G

Sub-District Medical Officer,  
U. S. Veterans' Bureau,  
1208 Press Bldg. Binghamton, NY.

Dear Sir:-

In reply to your letter you are advised that authority is granted to supply the above named trainee with glasses if these appliances are necessary to maintain him in training. When glasses have been supplied you will please forward the signed Prosthetic Service Cards to this office.

By direction of the District Manager:

W. F. Lent,  
District Manager,  
District, #2, U.S.V.B.

By:

T.F. Carroll,  
Chief of Prosthetic Section,  
District #2, U.S.V.B.

Mimeo. #A-1424



DISTRICT No. 2

UNITED STATES VETERANS BUREAU

1208 Press Bldg.,  
Binghamton, N. Y.,  
January 13, 1923.

*File*  
*M-4-g*  
*one 1-22-23*

*med*

IN REPLY REFER TO: SM-4

"M-4-g  
ATP. Dr Carroll.

C-16 909  
Celdon, Lynnewood G

U S Veterans' Bureau,  
Grand Central Palace,  
New York, N. Y.

Sirs:

Authority is requested for glasses to  
be furnished the above named trainee  
for treatment of intercurrent condition.  
Glasses are necessary to maintain the  
man in training. Inclosed please find  
Mimeo #A-181.

Respectfully,

Don M Hooks,  
Sub-District Manager,

By Chas. R. Seymour  
Chas. R. Seymour,  
Sub-Dist. Medical Officer.

1 incl.



1208 Press Bldg.,  
Binghamton, N. Y.,  
March 23, 1923.

2

"R-9 - SR-3"  
C-16 909  
Celdon, Lynnewood

U. S. Veterans' Bureau,  
Grand Central Palace,  
New York, N. Y.  
Att: Registration Officer.

Dear sir:

We are forwarding 703 and complete training data on the above named man which is an appeal for further training after claimant was permanently discontinued for not cooperating with the U. S. Veterans' Bureau.

Respectfully,

DON M. HOOKS,  
Sub-District Manager.

BY:

J. H. Hathaway,  
Registration Officer.

Incls.



UNITED STATES VETERANS BUREAU

DISTRICT No. \_\_\_\_\_

IN REPLY REFER TO:

"I hereby certify that glasses were furnished the following trainee-

Re: Lymewood Celdon, C-16 909,  
on- January 23rd, 1923,  
by the Diamond Optical Co., Binghamton, N. Y.,  
and that same are satisfactory."

Blanche Baldwin

Designated Clerk, District No. 2,  
U. S. Veterans' Bureau.



*Free  
to  
Lynnwood  
Celdon*

Binghamton, N. Y. January 18th, 1923.

*Trang 2/3*

LYNNEWOOD CELDON, TRAINEE C-16 909,  
1506 Tracey Street, Endicott, N. Y.

To Sandford H. Kinne, M. D., Dr.  
73 Main Street

Professional Services  
Examination of Eyes  
and report  
January 12th, 1923.

\$ 5.00

Received Payment

My Terms are 30 Days Net and  
for Any Part of Your Account  
Now Overdue I Would Appreciate  
Your Remittance. Interest  
Charged After 30 Days.



*File*  
*3*  
Binghamton, N. Y.

January 18th, 1923.

*Trans.*  
M

Lynnewood Celdon, TRAINEE C-16 909,  
1506 Tracey Street, Endicott, N. Y.

To Sanford H. Kinne, M. D., Dr.  
73 Main Street

Professional Services

Examination of Eyes  
and report  
January 12th, 1923.

\$ 5.00

Received Payment

My Terms are 30 Days Net and  
for Any Part of Your Account  
Now Overdue I Would Appreciate  
Your Remittance. Interest  
Charged After 30 Days.

*File  
Binghamton  
Trans.*  
Binghamton, N. Y.

January 18th, 1923.

M

Lynnwood Celdon, TRAINEE C-16 909,  
1506 Tracey Street, Endicott, N. Y.

To Sandford H. Kinne, M. D., Dr.  
73 Main Street

Professional Services

Examination of Eyes  
and report  
January 12th, 1923.

\$ 5.00

Received Payment

My Terms are 30 Days Net and  
for Any Part of Your Account  
Now Overdue I Would Appreciate  
Your Remittance. Interest  
Charged After 30 Days.





DISTRICT No. \_\_\_\_\_

2

# UNITED STATES VETERANS BUREAU

1208 Press Building,  
Binghamton, N. Y.  
January 26th, 1923.

R-8 - SR-3

IN REPLY REFER TO:

Re: Celdon, Lynnewood  
C-16909

U. S. Veterans Bureau,  
Grand Central Palace Bldg.,  
New York City.  
Att: Correspondence Tr. Officer.

Dear Sir:

Receipt is acknowledged of your notification dated January 19th, 1923 (R-8-19) authorizing us to discontinue the correspondence training of the above named man effective January 17th, 1923.

For your information supervision record January 12th, 1923 states that man has sent in lessons during December. This correspondence course was given trainee at the time his objective was "Journalism" the objective being changed on June 8th, 1922 for the reason that "Journalism" was too broad a scope on account of trainee's background or education and employment, but this office felt the correspondence course in "Journalism" would be more helpful to him with the objective of Reporter and Staff Photography.

May we suggest that if this course has been paid for discontinuance at this time would not be beneficial to the Bureau.

We will not issue the Form 107 until we receive a reply to this communication.

Don M. Hooks,  
Sub-District Manager

By: *Edward M. Simon*  
Edward M. Simon,  
Local Training Supervisor

PLEASE RETAIN IN  
DISTRICT OFFICE FILES  
C. I. O.

1

RECEIVED  
JAN 27 1923  
U.S. DEPT. OF JUSTICE  
RECORD SECTION  
DISTRICT TWO

RECEIVED  
FEB 6 1923  
U.S. DEPT. OF JUSTICE  
RECORD SECTION  
DISTRICT TWO



2

1208 Press Building,  
Binghamton, N. Y.  
January 26th, 1923.

R-3 - SR-3

Re: Golden, Lynwood  
C-16909

U. S. Veterans Bureau,  
Grand Central Palace Bldg.,  
New York City.  
Att: Correspondence Tr. Officer.

Dear Sir:

Receipt is acknowledged of your notification dated January 19th, 1923 (R-8-19) authorizing us to discontinue the correspondence training of the above named man effective January 17th, 1923.

For your information supervision record January 12th, 1923 states that man has sent in lessons during December. This correspondence course was given trainee at the time his objective was "Journalism" the objective being changed on June 8th, 1922 for the reason that "Journalism" was too broad a scope on account of trainee's background of education and employment, but this office felt the correspondence course in "Journalism" would be more helpful to him with the objective of Reporter and Staff Photography.

May we suggest that if this course has been paid for discontinuance at this time would not be beneficial to the Bureau.

We will not issue the Form 107 until we receive a reply to this communication.

Don M. Hooks,  
Sub-District Manager.

By: Edward M. Simon,  
Local Training Supervisor

PLEASE RETAIN IN  
OFFICE FILES  
C. T. O.





THE HOME CORRESPONDENCE SCHOOL  
SPRINGFIELD, MASSACHUSETTS

OFFICE OF THE SECRETARY  
WILLIAM B. McCOURTIE

Jan. 24, 1923.

J. C. Wardlaw, Chief;  
Rehabilitation Division,  
U.S. Veterans' Bureau,  
Grand Central Palace,  
New York City.

Dear Sir:

Your communication dated January 19

R-8-A/19

Re: Celdon, Lynwood

C-16909

This acknowledges your notice that Lynwood Celdon, student in Journalism (Newswriting), has discontinued his course "because he is not making satisfactory progress." Reference to the criticisms given Mr. Celdon shows that he started out with a rush but almost immediately grew languid in his interest and erratic in his work, at one time letting four months and a half pass between lessons and at other times considerable periods. He had a tendency to skip lessons, and our last letter to him, dated August 15, 1922, giving a detailed explanation of a point he had inquired about, also called his attention to three omitted lessons and asked him to submit these before doing any more advance work. He apparently did not keep track of his own work, for he writes "Please tell me where I left off." He was advised not to bunch his lessons, to go more slowly and to be more thorough. The last lesson that he submitted was criticised March 2, 1922, the criticism including these directions:

"In other words you have not stated the main things, but secondary things in this part of your story. As a matter of practice, I wish that you would make a three hundred word abstract of this address--just a plain abstract without reference to its use as a news-story. Attach this abstract in sending in lesson 19."

This was the last we heard from Mr. Celdon with the exception of the inquiry already spoken of, which was answered August 15 and therefore received August 13 or 14 (it is undated).



We feel therefore that Mr. Celdon's progress would have been more satisfactory had he taken a more sustained interest in his work and concentrated upon his lessons with more system and thoroughness.

Very truly,

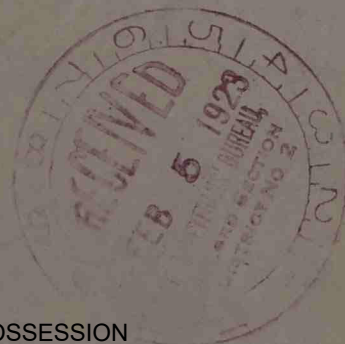
*Walter B. Conner*

Secretary.



THE HOME CORRESPONDENCE SCHOOL  
SPRINGFIELD, MASSACHUSETTS

J. C. Wardlaw, Chief,  
Rehabilitation Division,  
U.S. Veterans' Bureau,  
Grand Central Palace,  
New York City.





January 24, 1923,

*J. S. Jones*  
Mr. Arthur E. Jones  
Sub District Emp. Rep.  
U. S. Veterans' Bureau  
1208 Press Bldg.  
Binghamton, N. Y.

Re: Celdon, Lynnewood.

Dear Sir:

In reply to your letter of the 13th instant with reference to the above named trainee I wish to advise that I have taken the matter of Mr. Celdon's employment as staff photographer up with all of our local papers. Each paper has its staff photographer who is more or less of a fixture in this particular line.

In the event that any vacancy occurs on any of the local papers I am assured that we will be given the first opportunity of filling the position. Meanwhile we will see what can be done in regard to placing Mr. Celdon as a commercial photographer.

Very truly yours,

JOSEPH J. KINGSBURY  
Sub District Manager.

By: \_\_\_\_\_  
Daniel T. Roach  
Sub District Emp. Rep.



SR-3-R.

January 18, 1923.

The Editor  
Buffalo Evening News  
Buffalo, N. Y.

Dear Sir:

This Bureau, through its Binghamton office, has had in training for a period of upwards of two years one Lynwood Celdon, whose vocational objective is that of reporter and newspaper photographer. During his period of training Mr. Celdon has been in placement training with the Elmira Star Gazette, the daily paper with a circulation of some thirty thousand, published in Elmira, New York. His work with this paper called for a combination of the duties of reporter and staff photographer and included the taking of pictures from aeroplanes.

This man is desirous of making his home in Buffalo and we are seeking to secure a position for him as a staff photographer with a Buffalo newspaper. While photography has been his main objective, we feel that his experience as reporter has given to him an insight into news value and the relation of photography to the newspaper work. In order that this young man may have a thorough knowledge of photographic work he is at the present time being given a short course of instruction at a high grade photographic studio in Elmira so that he will be a finished and competent photographer.

If there is a vacancy on your staff which this young man might be able to fill we can undoubtedly arrange for an interview.

Assuring you of our appreciation of your anticipated courtesy in this matter, we are

Very truly yours,

JOSEPH J. KINGSBURY  
Sub District Manager.

Copies sent to  
Times, Courier,  
and Express.

By: \_\_\_\_\_  
Daniel T. Roach  
Employment Representative.





*Roach 11/14/23*

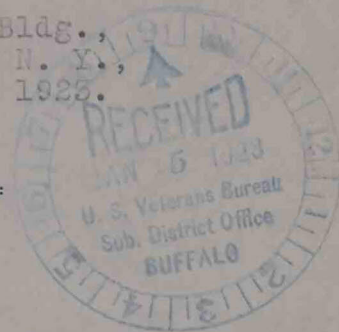
UNITED STATES VETERANS BUREAU

1208 Press Bldg.,  
Binghamton, N. Y.,  
January 15, 1923.

DISTRICT No. 2

IN REPLY REFER TO:

SR-3



Sub-District Manager,  
U. S. Veterans Bureau,  
69-75 Root Bldg.,  
Buffalo, N. Y.  
Attention-Dan'l. T. Roach,  
Sub-Dist. Employment Rep.

Re: Caldon, Lynnewood

Dear sir:

Replying to your letter of January 11th requesting more information regarding the above named trainee, I submit the following data:

He has been in training approximately two years with the Elmira Star Gazette, which is a newspaper published at Elmira, N. Y. and which has a daily circulation of 30,000. During this time he has been doing regular reporting work and also the work of staff photographer. While with the Elmira Star Gazette he has done all his work on a graph-lex camera. He has had considerable variety of photographic experience from a news stand point, including the taking of aeroplane pictures.

We feel that this man is well qualified to hold down the job of staff photographer even on a large city newspaper. I believe that photography is his forte rather than reporting, tho his experience in reporting has been very valuable in teaching him the news value of pictures. The man himself has no photographic equipment as he has used the equipment of the newspaper for which he worked.

At the present time we have this man in a high grade photographic studio putting the finishing touches on his



UNITED STATES VETERANS BUREAU

DISTRICT No. 2

-2-

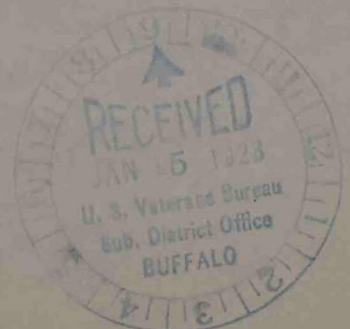
IN REPLY REFER TO:

photographic training. This man will also be able to do commercial work should the occasion present itself.

I thank you for your courteous cooperation which we will reciprocate should the occasion present itself.

DON M. HOOKS,  
Sub-District Manager

By: *Arthur E. Jones*  
Arthur E. Jones, *ED.*  
Asst. Employment Rep.





23 West 43rd St.,  
New York City.

July 13th, 1920.

Mrs. Agnes Geldon,  
754 Jay St.,  
Elmira, N.Y.

Dear Mrs. Geldon:-

We have sent you two communications with reference to your son's approval for training without maintenance pay, but up to the present time have not received any communication from you with regard to same.

Will you kindly advise us whether or not he cares to accept training as approved, or if he is not interested in training of this nature please signify same in order that we may retire his case to our inactive files until such time that he desires to take same up again.

Assuring you of our best efforts in his behalf within the limits of the vocational rehabilitation act, we are

Yours very truly,

R. T. Fisher.  
District Vocational Officer.

Barrett sep  
Tickle 30 days.



UNITED STATES VETERANS BUREAU  
WASHINGTON

February 12, 1923

IN REPLY REFER TO:

4 RR 10

From : Ass't Director, Rehabilitation Division,  
To : District Manager, District No. 2,  
New York City.  
Re : L. G. Celdon,  
C-16909  
R-2-46026

Enclosed herewith is copy of letter from the  
above named man, regarding his discontinuance from  
training, together with copy of our reply.

Please give this your prompt attention and  
notify this man of any action taken.

*H. V. Stirling*  
H. V. Stirling  
Acting Ass't Director,  
Rehabilitation Division

enc





February 12, 1923

4 RR 10

From : Ass't Director, Rehabilitation Division,  
To : District Manager, District No. 2,  
New York City.  
Re : L. G. Celdon,  
C-16909  
R-2-46026

Enclosed herewith is copy of letter from the  
above named man, regarding his discontinuance from  
training, together with copy of our reply.

Please give this your prompt attention and  
notify this man of any action taken.

H. V. Stirling,  
Acting Ass't Director,  
Rehabilitation Division

enc



BINGHAMPTON EMPLOYMENT AGENCY

LABOR CONTRACTORS

562-563 O'Neil Bldg.,

Regards L. G. Celdon, C-16909. Reenstatement and  
appeal of vocational training.

Binghampton, N.Y.

February 6, 1923.

Lieutenant Colonel Charles R. Forbes,  
Director, United States Veterans Bureau,  
Washington, D.C.  
Dear Sir:-

Yesterday I received a notice from the Binghampton sub-district office informing me that the last two weeks of my training had been discontinued due to my being absent approximately 4 days. Three of the four days absence were due to illness and the fourth day due to my seeking a position as I realize that the employment division had not and was not able to secure me a position as reporter and staff photographer in the remaining 12 days. Therefore I took it upon myself to look for a position.

I am married, have a daughter and dependant mother and felt that it was impossible for me to wait on the employment division to function thereby making a period of inactivity sure.

My training program calls for staff photography. What I know of it certainly pleased the Elmira Star Gazette but the Bureau here brought me to Binghampton for six weeks where I was doing nothing with no one to give time to me.

According to your definition of rehabilitation which I heard you give in San Francisco last June I am supposed to be placed and proven to be able to make a living at it. I can make the living if I can be placed and want to work at it. However, considering that I did not have any more than 4 weeks at it, as training, I feel that I should be given an additional few months, not to give me the money, although I need it bad, but to put me in a class above the high speed ameature work.

Therefore I am appealing my case in the hopes that you will weigh this matter justly. There are numerous angles to staff photography, one is motion picture work. I could not impress upon the officials here that newspapers are using motion picture work.

Respectfully,

/s/ L. G. Celdon.





/s/ T. G. Seldon.

These are the same as the other work.  
one is motion picture work. I could not publish upon the other  
this matter. These are the same as the other work.  
Therefore I am enclosing my case in the notes that you will receive

work.  
I need it now. But so far as the other work is concerned  
I am in a position to do work. Not to give me the money. I am  
not sure that I am not. I need it now. I need it now. I need it now.  
I need it now. I need it now. I need it now. I need it now.  
I need it now. I need it now. I need it now. I need it now.  
I need it now. I need it now. I need it now. I need it now.

to give me the money.  
I am in a position to do work. Not to give me the money. I am  
not sure that I am not. I need it now. I need it now. I need it now.  
I need it now. I need it now. I need it now. I need it now.  
I need it now. I need it now. I need it now. I need it now.

Therefore I need it now. I need it now. I need it now. I need it now.  
I need it now. I need it now. I need it now. I need it now.  
I need it now. I need it now. I need it now. I need it now.

to look for a position.  
I am in a position to do work. Not to give me the money. I am  
not sure that I am not. I need it now. I need it now. I need it now.  
I need it now. I need it now. I need it now. I need it now.  
I need it now. I need it now. I need it now. I need it now.

Best regards,  
Washington, D.C.  
Director, United States Veterans Bureau  
Treatment of Veterans Affairs, D. C.

Respectfully,  
T. G. Seldon, M.D.

Subject of Washington, D.C.  
Respectfully, T. G. Seldon, M.D.

222-222 O. M. T. B. G.

WASHINGTON, D. C.

WASHINGTON, D. C.

COPIA



From: Local Supervisor, Division of Vocational Rehabilitation,  
Federal Board for Vocational Education.

R- 46026  
D- 391  
C- 16909

To: Name CELDON, Lynnewood Rank and Org. Pvt. Hdq. Co. 165 Inf. Serial No. Unknown  
Future address Binghamton, N.Y. Place Binghamton, N.Y.  
Date Jan. 8, 1923  
Re: Notice of discontinuance of Federal Board training.

Effective February 15, 1923, your vocational training is terminated for the following  
reason: REHABILITATED - Completion of Training Program

If you desire to communicate with the Federal Board, please address the nearest district or local office.  
A physical examination will be necessary before the Bureau of War Risk Insurance can award you compensation. This notice presented to the physician named below will entitle you to this physical examination without charge. Transportation, if necessary, will be sent without your requesting it by the District Supervisor of the United States Public Health Service, who has a copy of this notice.  
Local Examiner:

Chas. R. Seymour, M. D. (Name).

(Signed) Edward M. Simon

1208 Press Bldg., Binghamton NY Address.

Local Supervisor,  
District No. TWO

Transportation ~~xxx~~  
is not necessary for the claimant to proceed

from \_\_\_\_\_ to \_\_\_\_\_

*Card*

UNITED STATES VETERANS BUREAU

*File*



OFFICE OF DISTRICT MANAGER  
DISTRICT No. 2

~~NEW YORK, N.Y.~~

1208 Press Bldg.  
Binghamton, N.Y.  
October 26, 1922.

*R*

IN REPLY REFER TO:

R-8-B/19

Re: Lynwood Celdon  
C-16909

U.S. Veterans' Bureau,  
Grand Central Palace,  
New York City.

Gentlemen:

Replying to your communication of October 24, 1922, respectfully state that the last Supervision report on the above named trainee, states that the man promised to immediately get to work on correspondence course in which he is behind. Also promised to have daily report of his work ready.

His counselor, Mr. Richardson, has promised to take care of him when his training is completed.

Respectfully,

*Don M. Hooks*  
Don M. Hooks,  
Sub-District Manager.

dmh/alf  
encl.

*[Handwritten signature]*  
PLEASE RETURN TO  
DISTRICT OFFICE  
C. T. O.

*[Handwritten signature]*  
11/6/22



UNITED STATES VETERANS BUREAU

WASHINGTON, D.C.

October 20, 1952  
October 20, 1952  
October 20, 1952

14-00000-1000

14-00000-1000

14-00000-1000  
14-00000-1000

14-00000-1000  
14-00000-1000  
14-00000-1000

14-00000-1000

14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000

14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000

14-00000-1000

14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000  
14-00000-1000



XXXXXXXXXXXX

1208 Press Bldg.  
Binghamton, N.Y.  
October 26, 1922.

R-8-B/19

Re: Lynwood Celdon  
C-16909

U.S. Veterans' Bureau,  
Grand Central Palace,  
New York City.

Gentlemen:

Replying to your communication of October 24, 1922, respectfully state that the last Supervision report on the above named trainee, states that the man promised to immediately get to work on correspondence course in which he is behind. Also promised to have daily report of his work ready.

His counselor, Mr. Richardson, has promised to take care of him when his training is completed.

Respectfully,

Don M. Hooks,  
Sub-District Manager.

dmh/alf  
encl.







**THE HOME CORRESPONDENCE SCHOOL**  
**SPRINGFIELD, MASSACHUSETTS**

OFFICE OF THE SECRETARY  
WILLIAM B. McCURTIE

October 13, 1922.

J. C. Wardlaw, Chief,  
Rehabilitation Division,  
United States Veteran's Bureau,  
New York City.

My dear Sir:

In reply to your letter (R-8-P/19) regarding Mr. Lynnewood Celdon, of Elmira N.Y., R-391, we are sorry to have to advise that this student has made no progress with his lessons since the first of March of this year. Enclosed you will find a statement of his work up to that date.

Very truly yours,  
THE HOME CORRESPONDENCE SCHOOL.

L

*10/16/22  
wait for report  
from SP. Bing.*

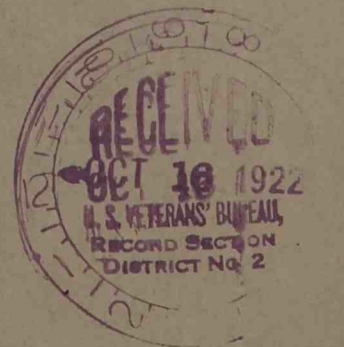




Report of lessons submitted by Mr. Lynnewood Celdon,  
1055 Lincoln Street, Elmira, N.Y., in course in  
Newsriting. Certificate #74780. Date of enrollment,  
June 25, 1921.

<u>Lesson No</u>	<u>Rec'd</u>	<u>Ret'd</u>	<u>Grade</u>
1	6/25	6/27	85
2	"	"	85
3	"	"	90
4	"	"	85
5	"	"	85
6	"	"	85
7	"	"	80
8	7/29	8/4	99
9	"	"	90
10	9/21	9/22	80
11			
1922			
11	2/7	2/7	90
12	2/7	2/7	79
17	2/27	2/27	75
18	2/27	2/27	80







UNITED STATES VETERANS BUREAU

~~NEW YORK N.Y.~~  
1208 Press Building,  
Binghamton, N.Y.

Oct. 19th, 1922.

OFFICE OF DISTRICT MANAGER  
DISTRICT No. 2

"R-8-B/19"

IN REPLY REFER TO:

Celdon, Lynnewood  
Pvt. 1/c Hdq. Co. 168th Inf.  
C-16909  
1055 Lincoln St., Elmira, N.Y.

U. S. Veterans Bureau,  
Grand Central Palace Bldg.,  
New York City.

Gentlemen:

Replying to your letter of October 10th relative to the course in "Journalism" which this man is pursuing with the Home Correspondence School, please be advised that contact was established with this man during the regular followup on October 18th. He states that he submitted two lessons about the first of June and his statement contradicts your report that no work has been sent in since February.

The man promised to take up the work again and send in some lessons at once.

Respectfully,  
*Don M. Hooks*  
Don M. Hooks,  
Sub-District Manager  
U. S. Veterans Bureau.

mds/ec



~~XXXXXXXXXXXX~~  
1208 Press Building,  
Binghamton, N.Y.

Oct. 19th, 1922.

"R-8-B/19"

Geldon, Lynnewood  
Pvt. 1/c Mde. Co. 168th Inf.  
C-16909  
1055 Lincoln St., Elmira, N.Y.

U. S. Veterans Bureau,  
Grand Central Palace Bldg.,  
New York City.

Gentlemen:

Replying to your letter of October 10th relative to the course in "Journalism" which this man is pursuing with the Home Correspondence School, please be advised that contact was established with this man during the regular followup on October 18th. He states that he submitted two lessons about the first of June and his statements contradicts your report that no work has been sent in since February.

The man promised to take up the work again and send in some lessons at once.

Respectfully,

Don M. Hooks,  
Sub-District Manager  
U. S. Veterans Bureau.

mds/ec



C 16909?  
16919?  
April 19, 1922.

Lynwood C. Celdon, Commander,  
Disabled American Veterans of the World War,  
Elmira Chapter No. 13,  
Elmira, New York.

HAG/ah:10-Hospital Section

Through Manager,  
District No. 2,  
New York, N.Y.

Dear Sir:

Replying to your letter of April 13th, relative to the above named ex-soldier, you are advised:

That it would appear from the records of the Veterans' Bureau that he has never filed a claim for compensation or treatment.

Your letter indicates that there is no doubt of his disability. However, as you are, of course, aware the Veterans' Bureau is bound by laws which created it, and in order to offer compensation or treatment to a claimant, his disability must be shown to have a connection with the military service.

The Veterans' Bureau desires to thank you for calling its attention to this case. You are assured that the District Manager of the Second District, 23 West 43rd Street, New York, N.Y., has been instructed to get in touch with this ex-soldier immediately and if there appears to be any connection between his disability and the military service to render him every aid in the proper filing of his claim.

Even should his disability prove to have no service connection, nevertheless, there is one source of relief for him and that is, his care at one of the Soldiers' Homes. If his disability appears to have no service connection after investigation, the District Manager of the Second District will render him all aid possible in obtaining admission to one of the Soldiers' Homes.

The requirements for admission to one of the Soldiers' Homes are briefly as follows:

First, the ex-soldier must have had service in one of the Federal Arms during a time when the U.S. was at war, or foreign service in one of the Federal Arms of the U.S.

Second, he must have a disability which prevents him from earning a livelihood.

Third, his separation from the Service must have been under honorable conditions.



112  
**RECEIVED**  
JUL 20 1922  
U.S. VETERANS' BUREAU  
Record Section  
District No. 2

APR 24 1922  
U.S. VETERANS' BUREAU  
District No. 2



L. G. Geldon, Commander,

--2--

April 19, 1922.

(In Re: Alexander Clark)

The District Manager of the Second District will probably get in touch with you in order to locate this claimant, and it is requested that you give him all the aid possible.

Yours very truly,

(G. H. Forbes),  
Director.

RECEIVED

APR 24 1922

RECEIVED  
JUL 10 1922  
U.S. DEPT. OF VETERANS AFFAIRS  
WASHINGTON, D.C.

RECEIVED  
JUL 10 1922  
U.S. DEPT. OF VETERANS AFFAIRS  
WASHINGTON, D.C.



1994年12月25日





BUREAU OF  
WAR RISK INSURANCE

## TREASURY DEPARTMENT

~~WASHINGTON~~

THE NEW YORK OFFICE - 280 Broadway, New York.  
Telephone: Worth 9186.

June 25, 1919.

From: The New York Office.  
To: The Investigation Section, Compensation and Claims Division.  
Subject: Compensation Claim of LYNNWOOD GELDON, Pvt. 1/c, Hq Co, 165th Inf.  
G-16,909

In relation to the case indicated above, we beg to report as follows:

The above named soldier states that he is now taking a course at the Railroad Training and Commercial School, Elmira, N.Y. He believes he filed some papers at the time of his discharge in November, 1917, at Camp, and among such papers there might have been a claim filed for compensation.

Will you kindly advise him at his address whether such a claim for compensation is on file and, if so, decision on same.

If he has not filed his claim for compensation, kindly forward him the necessary forms.

By authority of the Director.

WILLIAM J. HAYES,  
District Superintendent.

Per GM

✓  
IF/am



~~XXXXXXXXXXXX~~

THE NEW YORK OFFICE - 230 Broadway, New York.  
Telephone:   Worth 9186.

June 25, 1919.

From:           The New York Office.

To:             The Investigation Section, Compensation and Claims Division.

Subject:        Compensation Claim of LYNNEWOOD CELDON, Pvt. 1/c, Hq Co, 165th Inf.  
                 C-16,909

                 In relation to the case indicated above, we beg to report as follows:

                 The above named soldier states that he is now taking a course at the Railroad Training and Commercial School, Elmira, N.Y. He believes he filed some papers at the time of his discharge in November, 1917, at Camp, and among such papers there might have been a claim filed for compensation.

                 Will you kindly advise him at his address whether such a claim for compensation is on file and, if so, decision on same.

                 If he has not filed his claim for compensation, kindly forward him the necessary forms.

By authority of the Director.

WILLIAM J. HAYES,  
District Superintendent.

Per           J.M.          

✓  
IF/am

TREASURY DEPARTMENT  
BUREAU OF WAR RISK INSURANCE  
MEDICAL DIVISION

Date Jan. 13, 1921

MEMORANDUM

C 16 909  
NWS/fk/10.  
Unit 4, Bay 10.

From: Medical Division.  
To: Compensation and Insurance Claims Division.  
Subject: L. G. Geldon,  
Pvt. Hdq. Co. 165. C-

Based on all the

~~From the medical~~ evidence presented in the file, it is my opinion that the disability of the claimant mentioned above should be rated as:

E.E.N.T. Temporary Partial 10% (ten) from date of discharge, continued for visual defect. Existed prior to enlistment, not noted at enlistment, held as contracted in service by First Proviso, Section 300, War Risk Act. No examination requested.

Haven Emerson

~~Chief~~ Medical Advisor.

By

*W. R. Emerson*  
Assistant Medical Advisor.

Medical Referee.

2-9870



TREASURY DEPARTMENT

BUREAU OF WAR RISK INSURANCE

MEMORANDUM

Date Jan. 5, 1921

From Unit 4, Bay 14  
To E. E. N. T. Section  
Subject L. G. Geldon C-16909

Referred.

RS/ms 10

Haven Emerson,  
Medical Adviser

*R. Spillman*

TREASURY DEPARTMENT  
BUREAU OF WAR RISK INSURANCE

12-17-, 1920.

To: Chief Medical Advisor

C-16909

Your advice and action is requested on above case.

1. Nature, degree, extent and date of commencement of disability.

2. Is disability of service origin?

Your attention is directed to

A. G. O. Report.

Assistant Director,  
Compensation and Insurance  
Claims Division.

By

L. A. B.



REQUEST FOR ARMY INFORMATION

FOR USE OF—

DIVISION I. C. SUBDIVISION \_\_\_\_\_ SECTION 12. UNIT 1

Nov. 29, 1920., 19\_\_\_\_

It is requested that information be given on the subject checked and this sheet returned to **Record Verification Section, Administration Division, Bureau of War Risk Insurance.**

Name Celden, Lymewood G.  
(Last.) (First.) (Middle.)  
Rank and organization Pvt., H. Co., 165th Inf.  
Date \_\_\_\_\_ Camp \_\_\_\_\_  
Date of enlistment June 26, 1916.  
Date of death or discharge Nov. 11, 1917.  
Home address 1055 Lincoln St., Elmira, N.Y.

Army Serial No.: S. \_\_\_\_\_  
Allotment No.: A. \_\_\_\_\_  
Compensation Claim No.: C. 16909  
Converted Insurance No.: K. \_\_\_\_\_  
Term Insurance No.: T. \_\_\_\_\_  
Allotment deductions Class A \_\_\_\_\_ Class B \_\_\_\_\_  
from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
Made subsequent to \_\_\_\_\_, 19\_\_\_\_  
Premium deductions  
from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Status of allotment through Z. F. O. \_\_\_\_\_  
Has final settlement been made? \_\_\_\_\_  
Number of copies of Forms 1-B \_\_\_\_\_

Alleged disability Compound Myopic Astigmatism incurred at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_  
Additional information Per cent of vision on date of Enlistment.

Present address:

fmg

By \_\_\_\_\_

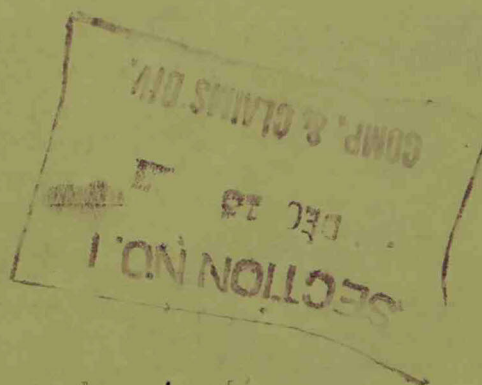
- Name Celden Lymewood G.  
(Last.) (First.) (Middle.)
- Army serial number none
- Rank and organization at time of discharge Pvt.
- Present rank, organization, and location \_\_\_\_\_
- Date of enlistment June 26, 1916
- Date of reenlistment—New Army \_\_\_\_\_
- Cause and date of discharge Oct 11, 1917
- Date of indefinite furlough \_\_\_\_\_
- Date and rank of retirement \_\_\_\_\_
- Dates and history of desertion or absences with court-martial findings \_\_\_\_\_
- Date of death \_\_\_\_\_
- Emergency address \_\_\_\_\_
- Future address \_\_\_\_\_
- On active service November 1, 1917 \_\_\_\_\_
- Age at enlistment \_\_\_\_\_
- Date of birth \_\_\_\_\_
- Effective date, amount of insurance and premiums \_\_\_\_\_

- Insurance increased to \$ \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, from \$ \_\_\_\_\_
- Insurance reduced to \$ \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, from \$ \_\_\_\_\_
- Canceled on \_\_\_\_\_
- Reinstatement \_\_\_\_\_
- Record of disability above described with line of duty status complete (include report from 135-3, 395-1, or 17):  
The rec of this office shows over-
- Complete medical history \_\_\_\_\_
- Was he medically examined and accepted at camp? (If not, answer 25.) \_\_\_\_\_
- Date of acceptance by draft board \_\_\_\_\_
- General or limited service. (If limited, answer 27.) \_\_\_\_\_
- Physical defects at time of enlistment no defect
- Cause of death, with line of duty status complete \_\_\_\_\_
- Any facts that show third party responsible for injury or death \_\_\_\_\_
- Change in rank:  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_

31. Statement of service from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Camp or Station.	Organization.	Period served in particular organization.
_____	_____	From _____, 19____, to _____, 19____
_____	_____	From _____, 19____, to _____, 19____
_____	_____	From _____, 19____, to _____, 19____
_____	_____	From _____, 19____, to _____, 19____
_____	_____	From _____, 19____, to _____, 19____
_____	_____	From _____, 19____, to _____, 19____
_____	_____	From _____, 19____, to _____, 19____

at time of discharge: defective vision. Myopia and  
 myopic astig. 20/40 Rt. 20/60 Lt. without correction).  
 20/40 Rt. 20/60 Lt. (with correction) cause unknown &c.  
 prior to enl. not in line of duty - 1/2 disabled.



P. C. Harris  
 THE ADJUTANT GENERAL,

Date \_\_\_\_\_

ca-9732

By \_\_\_\_\_

DEC 8 - 1920



TREASURY DEPARTMENT  
BUREAU OF WAR RISK INSURANCE  
MEDICAL DIVISION

Date Nov. 26, 1920.

MEMORANDUM

E.E.N.&T.  
C-16,909  
CWM/cl/10

From: Medical Division.

To: Compensation and Insurance Claims Division.

Subject: Lynnewood G. Celdon, C=  
Formerly - Pvt. Hdqrs. Co. 165th Inf.

From the medical evidence presented in the file,  
it is my opinion that the disability of the claimant  
mentioned above should be rated as:

Opinion of Jan. 13, 1920 - Temporary Partial 10 %  
(ten percent) from discharge, continued.  
Existed prior to enlistment, aggravated by Service.

HAVEN EMERSON.

~~Chief Medical Advisor~~  
Medical Adviser.

By

*C. W. Melhop*

~~Assistant Medical Advisor~~  
Assistant Medical Referee. <sup>2-9870</sup>

TREASURY DEPARTMENT

BUREAU OF WAR RISK INSURANCE

MEMORANDUM

Date Nov. 26, 1920.

From Medical Division-E.E.N.&T. Section.  
To Compensation & Insurance Claims Division.  
Subject Lynnewood G. Celdon.

C-16,909  
CWM/cl/10

Request from A.G.O. examination of eyes at time of enlistment giving the percentage of vision.

HAVEN ELMERSON,  
Assistant Director,  
In Charge of Medical Division.

By *C. W. Melchior*  
Assistant Medical Referee.



From: Local Supervisor, Division of Vocational Rehabilitation  
Federal Board for Vocational Education.

*Roll Case*  
R- 46026  
D- 391  
C- 16909

To: Name CELDON, Lynnewood Rank and Org. Pvt. Hdq. Co. 165 Inf. Serial No. Unknown  
Place Binghamton, N.Y.  
Future address Binghamton, N.Y. Date Jan. 8, 1923  
Re: Notice of discontinuance of Federal Board training.

Effective February 15, 1923, your vocational training is terminated for the following  
reason: REHABILITATED - Completion of Training Program

If you desire to communicate with the Federal Board, please address the nearest district or local office.  
A physical examination will be necessary before the Bureau of War Risk Insurance can award you compensation. This notice presented to the physician named below will entitle you to this physical examination without charge. Transportation, if necessary, will be sent without your requesting it by the District Supervisor of the United States Public Health Service, who has a copy of this notice.  
Local Examiner:

Chas. R. Seymour, M. D. (Name).

(Signed) Edward M. Simon

1206 Press Bldg., Binghamton NY Address.

Local Supervisor,

District No. TWO

Transportation ~~is~~ <sup>is</sup> necessary for the claimant to proceed  
is not

from \_\_\_\_\_ to \_\_\_\_\_

Med. D. (October 1917)  
District No. 2

COPY  
D.V. No. D.  
Central Office No. B. RECEIVED  
B.N.R. No. C.  
Army Serial No. S- NOV 1 1920

REPORT OF PHYSICAL EXAMINATION.

Place Elmira, N. Y. Date Oct. 30, 1920.

1. Claimant's Name Celton Lynnwood G.  
Last First Middle

2. Service organization and rank Private 165 Infantry

3. Present address 1055 Lincoln St., Elmira, N. Y.

4. Age: 32 Principal previous occupation: Chauffeur  
Color: White Suggested occupation:

5. Brief Military history of claimant's disability: In 1916 at Camp McAllen,

Texas, claimant noticed failing vision. This condition did not improve  
and he was S. C. D. in Oct. 1917.

This is to certify that we examined Mr. Lynnwood C. Celdon Oct. 30/20  
and found he has less than 20/200 vision in either eye or about 1/10  
vision. He does not wear glasses but with use of same has very nearly  
normal vision. The defect that he has is compound myopic astigmatism.  
Cannot find any disease of the eyes. He states that before he entered  
the service his vision was normal and that he passed the required (See  
6. Present complaint: Bad eye sight. (below)

7. Physical examination: Specialist examination enclosed.

General physical examination negative, throughout.

tests and was not aware that he had a defective vision. It is possible  
the stigmatism was caused by exposure in the army service but we are  
not able to state that such was the case.

Geo. M. Case.

JR:

8. Diagnosis: Compound Myopic Astigmatism 128.

9. Disability: State whether temporary or permanent, complete or partial.

10. Prognosis: Not good for improvement.

11. Is claimant able to resume former occupation? No 12. Do you advise it: No

13. Is claimant bed ridden: No 14. Is claimant able to travel: Yes

15. Do you advise hospital care: No 16. Will claimant accept hospital care: Yes

17. In your opinion is disability due or traceable to service: Probably

18. The claimant has a vocational handicap for his principal previous  
occupation which is: MAJOR, MINOR, NEGLECTIBLE.

19. Is his physical and mental condition such that vocational training is  
feasible: Yes

20. Did you examine the man yourself: Yes, also  
Specialist 21. What disposition made: Examined and  
22. Any other remarks: returned home.

23. Is another examination needed: No. If so, when:

#11  
rs

Signed D. D. Jones  
A.A.S., U.S.P.H.S.



TREASURY DEPARTMENT  
BUREAU OF WAR RISK INSURANCE

COMPENSATION DISABILITY BRIEF FACE

*Lymanwood G. Caldwell* (Name of person disabled.) *Port. Hdqtrs. To. 165 Inf.* (Rank and organization.) (Age.) *T. R. 1070.*  
Date of { Discharge } *Oct 11*, 19 *17* Degree and per cent of disability { Award *T. R. 1070.*  
Resignation } 1st Sub.  
2d Sub.  
Cause of disability *Disease*, 19 Date of disability *Aug*, 19 *19*

Wife \_\_\_\_\_ Born \_\_\_\_\_, 19 \_\_\_\_\_ Remarried \_\_\_\_\_  
Child No. 1 \_\_\_\_\_ Born \_\_\_\_\_, 19 \_\_\_\_\_ In care of \_\_\_\_\_  
Child No. 2 \_\_\_\_\_ Born \_\_\_\_\_, 19 \_\_\_\_\_ In care of \_\_\_\_\_  
Child No. 3 \_\_\_\_\_ Born \_\_\_\_\_, 19 \_\_\_\_\_ In care of \_\_\_\_\_  
Child No. 4 \_\_\_\_\_ Born \_\_\_\_\_, 19 \_\_\_\_\_ In care of \_\_\_\_\_  
Child No. 5 \_\_\_\_\_ Born \_\_\_\_\_, 19 \_\_\_\_\_ In care of \_\_\_\_\_  
Child No. 6 \_\_\_\_\_ Born \_\_\_\_\_, 19 \_\_\_\_\_ In care of \_\_\_\_\_  
Dependent father \_\_\_\_\_ Born \_\_\_\_\_  
Dependent mother \_\_\_\_\_ Born \_\_\_\_\_  
Other dependents \_\_\_\_\_ Born \_\_\_\_\_  
\_\_\_\_\_ Born \_\_\_\_\_  
\_\_\_\_\_ Born \_\_\_\_\_  
\_\_\_\_\_ Born \_\_\_\_\_

	Monthly payment.	Commencing date.	Ending date.
Payee No. 1 <i>Lymanwood G. Caldwell</i>	<i>8.00</i>	<i>10-12-17</i>	<i>2-6-21</i>
Address <i>397 W. Water St.</i>			
Payee No. 2 <i>Elmira, N. Y.</i>			
Address _____			
Payee No. 3 _____			
Address _____			
Payee No. 4 _____			
Address _____			
Payee No. 5 _____			
Address _____			
Payee No. 6 _____			
Address _____			

Award to payee(s) No. \_\_\_\_\_ submitted *7/21*, 19 *20* *J. B. Smith* Examiner.  
Award to payee(s) No. \_\_\_\_\_ approved *7/21*, 19 *20* *J. B. Smith* Reviewer.  
Ending date to payee(s) No. \_\_\_\_\_ approved \_\_\_\_\_, 19 \_\_\_\_\_ Reviewer.  
Sub. award to payee(s) No. \_\_\_\_\_ submitted \_\_\_\_\_, 19 \_\_\_\_\_ Examiner.  
Sub. award to payee(s) No. \_\_\_\_\_ approved \_\_\_\_\_, 19 \_\_\_\_\_ Reviewer.  
Ending date to payee(s) No. \_\_\_\_\_ approved \_\_\_\_\_, 19 \_\_\_\_\_ Reviewer.  
Second Sub. award to payee(s) No. \_\_\_\_\_ submitted \_\_\_\_\_, 19 \_\_\_\_\_ Examiner.  
Second Sub. award to payee(s) No. \_\_\_\_\_ approved \_\_\_\_\_, 19 \_\_\_\_\_ Reviewer.

**TREASURY DEPARTMENT**  
**BUREAU OF WAR RISK INSURANCE**  
**AWARD OF COMPENSATION**

To: Mr. Lynewood G. Celdon C-16909  
 397 W. Water St.  
 Elmira, New York

In accordance with the Act of Congress of October 6, 1917, and the amendments thereto, you are hereby notified that as a Pvt. Hdqrs. Co. 165th Inf.

who was discharged from the military service of the United States on the 11th day of October 1917, you are awarded compensation in the amount of eight dollars per month, from the 12th day of October 1917 on account of disability resulting from injury incurred

in the line of duty while employed in the active service. The monthly payments pursuant to this award shall continue during the period in which you are partially disabled.

**IMPORTANT PROVISION OF THE ACT.**

"Sec. 28.-That the allotments and family allowances, compensation, and insurance payable under Articles II, III and IV, respectively, shall not be assignable; shall not be subject to the claims of creditors of any person to whom an award is made under Articles II, III and IV, and shall be exempt from all taxation: Provided, that such allotments and family allowances, compensation, and insurance shall be subject to any claims which the United States may have, under Articles II, III and IV, against the person on whose account the allotments and family allowances, compensation, or insurance is payable."

You are not entitled to this award nor to the payment of compensation from the Bureau of War Risk Insurance while you are in training with and receiving payments from the Federal Board for Vocational Education. If you are receiving vocational training and payments from the Federal Board for Vocational Education you should return any checks issued to you covering a period subsequent to the date of the commencement of your course of training in accordance with this award to the Compensation and Claims Division, Bureau of War Risk Insurance, Washington, D. C., with a statement showing the date you started training. From the date that you begin vocational training you will be paid by the Federal Board for Vocational Education.

You are required to make a monthly report stating as near as possible your exact physical condition, together with all information relative to your return to employment or increase in earning capacity. Failure to make such monthly report will terminate your compensation payments until such report is received.

The initial payment check pursuant to the award approved in your favor will be dispatched to you at the earliest possible moment. If you should change your present address, the Compensation and Claims Division, Bureau of War Risk Insurance, Washington, D. C., must be immediately notified. All future communications with reference to this case must bear the Compensation Number C-16909

By authority of the Director  
 This 10th day of March

1920 R.H. HALLETT

Assistant Director, in Charge of  
 Compensation and Insurance Claims Division.

Per

*M.P.H.*

**RECORDED**  
 Actuarial Division



C-16 909 3-1

Lynwood G. Beldar

Post. Hdq. Co., 165<sup>th</sup> U.S. Inf.

Bureau of War Risk Insurance  
Washington, D. C.

Dear Sir -

May I know just how  
I stand? your last letter stated that  
I should expect initial payment  
so. Have not received such as  
yet. Hoping to hear from you  
in the near future

I beg to remain

397 W. Water St Lynwood G. Beldar

TREASURY DEPARTMENT  
BUREAU OF WAR RISK INSURANCE

COMPENSATION DISABILITY BRIEF FACE

**Lynewood G. Celdon** **Pvt. Hdqrs. Co. 165th Inf.** (Age.)  
(Name of person disabled.) (Rank and organization.)

Date of {Discharge} **October 11th, 1917** Degree and per cent of disability {Award **T.P. 10%**  
~~Resignation~~ 1st Sub. \_\_\_\_\_  
2d Sub. \_\_\_\_\_

Cause of disability **Disease**, 19\_\_\_\_ Date of disability **August**, 19**14**

Wife \_\_\_\_\_ Born \_\_\_\_\_, 19\_\_\_\_ Remarried \_\_\_\_\_  
Child No. 1 \_\_\_\_\_ Born \_\_\_\_\_, 19\_\_\_\_ In care of \_\_\_\_\_  
Child No. 2 \_\_\_\_\_ Born \_\_\_\_\_, 19\_\_\_\_ In care of \_\_\_\_\_  
Child No. 3 \_\_\_\_\_ Born \_\_\_\_\_, 19\_\_\_\_ In care of \_\_\_\_\_  
Child No. 4 \_\_\_\_\_ Born \_\_\_\_\_, 19\_\_\_\_ In care of \_\_\_\_\_  
Child No. 5 \_\_\_\_\_ Born \_\_\_\_\_, 19\_\_\_\_ In care of \_\_\_\_\_  
Child No. 6 \_\_\_\_\_ Born \_\_\_\_\_, 19\_\_\_\_ In care of \_\_\_\_\_  
Dependent father \_\_\_\_\_ Born \_\_\_\_\_  
Dependent mother \_\_\_\_\_ Born \_\_\_\_\_  
Other dependents \_\_\_\_\_ Born \_\_\_\_\_  
\_\_\_\_\_ Born \_\_\_\_\_  
\_\_\_\_\_ Born \_\_\_\_\_

	Monthly payment.	Commencing date.	Ending date.
Payee No. 1 <b>Mr. Lynewood G. Celdon</b> Address <b>397 W. Water St. Elmira, N.Y.</b>	<b>\$8.00</b>	<b>10/12/17</b> ✓	<b>2-6-21</b>
Payee No. 2 _____ Address _____			
Payee No. 3 _____ Address _____			
Payee No. 4 _____ Address _____			
Payee No. 5 _____ Address _____			
Payee No. 6 _____ Address _____			

Award to payee(s) No. **1** submitted **Feb. 21st**, 19**20** **J. F. Daley**, Examiner  
Award to payee(s) No. **1** approved **Feb. 21st**, 19**20** **H. C. Smith**, Reviewer  
Ending date to payee(s) No. \_\_\_\_\_ approved \_\_\_\_\_, 19\_\_\_\_, Reviewer.  
Sub. award to payee(s) No. \_\_\_\_\_ submitted \_\_\_\_\_, 19\_\_\_\_, Examiner.  
Sub. award to payee(s) No. \_\_\_\_\_ approved \_\_\_\_\_, 19\_\_\_\_, Reviewer.  
Ending date to payee(s) No. \_\_\_\_\_ approved \_\_\_\_\_, 19\_\_\_\_, Reviewer.  
Second Sub. award to payee(s) No. \_\_\_\_\_ submitted \_\_\_\_\_, 19\_\_\_\_, Examiner.  
Second Sub. award to payee(s) No. \_\_\_\_\_ approved \_\_\_\_\_, 19\_\_\_\_, Reviewer.



February 20, 1920.

Mr. Lynwood G. Celdon,  
397 West Water Street,  
Elmira, New York.

C-16909  
Lynwood G. Celdon  
Pvt. Hdqrs. Co. 165th Inf.

Dear Sir:

Please find herewith enclosed your original  
discharge paper from the United States Army, a copy of same  
having been made for our files.

All future communications to this Bureau relative  
to this case should bear our file number C-16909.

Very truly yours,

R. H. HALLETT,  
Assistant Director,  
In Charge of Compensation  
& Insurance Claims Division.

Per \_\_\_\_\_

JFD-imr-12  
Enc.

Young file C-16 909.

277

FEB 14 1920

Dear Sirs: -

R-29

MAIL SECTION

Sending original discharge

Hope you will return same  
when you are done with it.

It says (existed prior to  
muster) please remember I  
was mustered on two  
occasions and on Aug 5, 1917  
the whole regiment was  
drafted. The disability



occurred between the first  
muster and the second  
during which time I was  
in Texas and upper New York  
State. This discharge  
deals with the time of the  
second muster on to final  
discharge. Other dates  
(not of record).



Respectfully

Lynnewood G. Gledon

Bluey

January 31, 1920.

Mr. Lynwood G. Geldon, C-16 909  
397 W. Water Street,  
Elmira, N. Y.

C-16 909

Dear Sir:-

This Bureau is in receipt of your formal application for compensation, together with employment statement.

This is to advise you that compensation award will be made in your favor and you should expect the initial payment soon.

Reviewing the file in your claim, we note that you have not forwarded to this Bureau your original certificate of discharge or certified copy of same. You are advised at this time to either send in your original certificate of discharge or certified copy in order that we may have complete record for our files. If we do not receive either the original or certified copy within a reasonable time, compensation that would be paid to you, will be held up until such time as we receive same.

All correspondence relative to your case should bear your full name, former rank and organization, together with our file number C-16 909.

Very truly yours,

R. H. HALLETT,  
Assistant Director,  
In Charge of Compensation  
& Insurance Claims Division.

JFD/mmcm - 12

Per \_\_\_\_\_

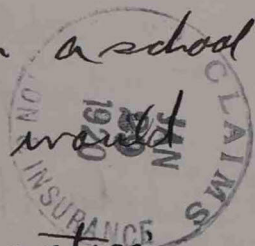


Make  
Award

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

In connection with C 16909.

If this paper is for soldiers insurance  
there is no use in my taking it.  
What I want is compensation  
for damage to my eyes that is  
beyond repair. glasses make me  
see but I get headaches from them.  
at present I am just a common  
beef lugger. I want to learn  
business good enough so I can  
advance in life. The U. S. does  
not want to put me in a school  
so I had hopes that they would  
send me the back compensation,  
then I could take a business course





and stand a chance. As it is  
a poor guy doesn't seem to get  
a chance while a rich one gets  
all the attention. No one needs to  
be rich to have a brain. All they  
need is a little money. If you  
who read this had a Mother dependent  
on you, the cost of decent living  
high and all, you had a hard fight  
to get where you are. I'm not  
a "Red" but just the same the above  
is correct.

The note in answer to Ques. 18.

I chaffered in N.Y. to make a living.  
My eyes bothered me all the time.  
Eye doctor at Mt. Sinai Hospital put  
me in 3 B. Selective draft.  
Sincerely L. C. Eldon



BUREAU OF  
WAR RISK INSURANCE

# TREASURY DEPARTMENT

WASHINGTON

\_\_\_\_\_ 19

IN REPLY REFER TO:

C-16909.

Dear Sir:

In accordance with the rules and regulations made under the War Risk Insurance Act, you are required to make the statements found on the reverse side of this letter, in connection with your claim for Compensation, and return this letter immediately to the undersigned.

Very truly yours,

R. H. HALLETT

Assistant Director in Charge of  
Compensation and Insurance Claims Division.

Per \_\_\_\_\_

CC Form 539



1. State your occupation and your average monthly earnings during the twelve months prior to entering the service: Chauffeur-Mechanic \$80.00

(Occupation) (Monthly Earnings)

2. State the exact date on which you first returned to work after discharge from the service, the name and address of your employer, and your monthly wages:

? Nov. 1917 N.Y.C.R.R.C. No. 100 Broadway Dist 18 N.Y. City  
(Day) (Month) (Year) (Name of Employer) (Address of Employer)  
Swift Freight Agent \$65.00 Dec. 20th, 1917  
(Occupation) (Monthly Wages) (Date of ending employment)

3. Are you working at the present time? Yes (a) If so, state date you commenced to work in your present place, name and address of your employer and the amount of your monthly wages, unless you are working in the same place as stated above.

End of Oct. 1919 Swift & Co. Inc. Elm St. N.Y. \$80.00  
(Day) (Month) (Year) (Name of Employer) (Address of Employer) (Monthly Wages)

4. Are you working at the same trade or employment as prior to entering the service? No (a) If not, state why: No good jobs. Want to learn Swift & Co. Business

5. State fully any other work you have performed since your discharge, giving the name of your employer, the date you went to work, the date you stopped working in each place and the monthly wages you received:

Wither-Morrow Co. 2 days Could not see supervisor clearly \$85.80  
(Name of Employer) (From) (To) (Monthly Wages)

R. C. T. School March July 1919 Student R. C. School  
(Name of Employer) (From) (To) (Monthly Wages)

I hereby certify to the truth of the foregoing statements.

Dated

Jan 27

1920  
1919.

Signature

Lymanwood C. C. C.  
397 W. Water St.  
Chira, N.Y.

Address



Jan. 21, 1920

## APPLICATION OF PERSON DISABLED IN AND DISCHARGED FROM SERVICE.

### READ WITH GREAT CARE

All papers which you send this Bureau, with reference to this claim, should bear your full name and your rank and organization in the service, as well as the file number on the upper right-hand corner of this page.

You must furnish the information called for in this application and support your answers by the proof called for in the following instructions. Every question must be answered fully and clearly. Answers and affidavits must be written in a clear, readable hand or typewritten. If you do not know the answer to any question, say so.

1. Forward a certified copy of your certificate of discharge from the service with this application. If you obtained a certificate from the Director of this Bureau that at the time of your discharge or resignation you were suffering from an injury likely to result in disability or death, forward original or certified copy of such certificate also.

2. You may submit the opinion of your attending or examining physician on the inclosed form, or, if you are in a hospital or sanitarium, send a copy of the hospital report or record in your case, showing your physical condition, the origin, nature, extent, and probable duration of your disability.

3. Marriage must be proven by a certified copy of the public or church record, or if this is not obtainable, by the affidavit of the clergyman or magistrate who officiated, or by the affidavits of two eye-witnesses to the ceremony, or of two persons who have personal knowledge of the marriage. If either party was divorced from a former wife or husband, a certified copy of the court order or decree of divorce is required.

4. Your wife and children must be shown to be living by the affidavit of two persons who shall state whether you are divorced, and whether you, your wife and children are living together or apart.

5. Ages of children for whom compensation is claimed must be shown by a certified copy of the public record of birth or the church record of baptism, if available, or by the affidavits of two persons explaining why the records are not obtainable and giving the name of the child, the date and place of birth, and the names of both parents. A stepchild for whom compensation is claimed must be shown to be a member of your household by the affidavits of two persons; and if claim is made for an adopted child, certified copy of the court order or decree of adoption is necessary.

6. If additional compensation is claimed for a dependent parent, relationship must be shown by a certified copy of the public record of the claimant's birth, or the church record of his baptism, or, if these are not obtainable, by the affidavits of two persons. Affidavits of two persons are also required setting forth the location and value of all property, real and personal, owned by the parent for whom compensation is claimed, his or her physical condition, employment and earnings if any, and the total monthly income of such parent as well as the disabled person's monthly contribution to his or her support.

### PENALTY.

SEC. 25. That whoever in any claim for family allowance, compensation, or insurance, or in any document required by this act, or by regulations made under this act, makes any statement of a material fact knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than \$5,000, or by imprisonment for not more than two years, or both.



1. Full name Spencerwood Gould Beldor  
(Given name.) (Middle name.) (Last name.)

2. Address 397 W. Water Elmira N.Y.  
(Number.) (Street.) (City or town.) (State.)

3. Under what name did you serve? L. E. Beldor (a) Serial No. ?

4. Color White Date of birth Nov. 3, 1897 Place of birth N.Y.C.

5. Make a cross (X) after branches of service you served in:  
 General Service \_\_\_\_\_ Limited Service \_\_\_\_\_ Army X Navy \_\_\_\_\_ Marine Corps \_\_\_\_\_  
 \_\_\_\_\_ Coast Guard \_\_\_\_\_

6. Date you last entered service June 26, 1916 Place of entry N.Y.C.

7. Rank or rating at time of discharge Private

8. Company and regiment or organization, vessel, or station in which or on which you last served  
Hdq. Co. 165<sup>th</sup> U.S. Inf. 42<sup>nd</sup> Div 83<sup>rd</sup> Inf Bn

8a. Give fully any other service in the military or naval forces, stating rank and organization  
71<sup>st</sup> N.Y. Inf. Texas-Mexican border Private 1<sup>st</sup> Div

9. Date and place of last discharge Nov. 11, 1917 Camp A.L. Miller

10. Cause of discharge Poor health - poor vision.

11. Nature and extent of disability claimed Eye sight failed.

12. Date disability began Aug - 1916.

13. Cause of disability Sand storm in Texas.

14. When and where received Texas - Aug 1916. Genl Dyers Hdq. Guard House.

15. Did you receive treatment at an Army or Navy hospital? Below (a) If so, state name and location of the hospital Reg. Doctors treated in the wash.

16. Occupations and wages before entering service:  
Chauffeur - Mechanic \$80.00 + tip Winter 1915  
(Occupation.) (Monthly wages.) (Dates.)  
Chauffeur \$67.50 + tips 1914  
(Occupation.) (Monthly wages.) (Dates.)  
Boyzgole Agent \$45.00 1<sup>st</sup> mo. 1914.  
(Occupation.) (Monthly wages.) (Dates.)

17. Last two employers before entering service:  
Dr. G. C. Lentine Piermont, N.Y. 5 1/2 months  
(Employer's name.) (Address.) (Time employed.)  
Dana Smith Spring Valley, N.Y. 3 months  
(Employer's name.) (Address.) (Time employed.)



18. Occupation since discharge, dates of each, and wages received. If less than before, why?

*Jack of all Winter of 1917 Army camps in South*  
(Occupation.) (Commencing date.) (Ending date.) (Monthly wages.)  
*Ticket clerk Nov. Dec. \$65.00*  
(Occupation.) (Commencing date.) (Ending date.) (Monthly wages.)  
*Chauffeur April 1918 March 1919 \$100.00 by note*  
(Occupation.) (Commencing date.) (Ending date.) (Monthly wages.)

19. Present employer *Swift & Co* (Full name.) *Elmira, N.Y.* (Address.)

20. Name and address of attending physician *Dr. Field - 2nd St + Main - Elmira, N.Y.*

21. Are you confined to bed? *No* Do you require constant nursing or attendance? *No*

22. Name and address of nurse or attendant *L*

23. Are you willing to accept medical or surgical treatment if furnished? *No use.*

24. Are you single, married, widowed, or divorced? *Single*

25. Times married *L* 26. Date and place of last marriage *L*

27. Times present wife has been married *L*

28. Maiden name of wife *L* 29. Do you live together? *L*

30. Have you now living a child or children, including stepchildren and adopted children, under eighteen years of age and unmarried? *L*

31. If so, state below full name of each child and date of birth; if a stepchild or adopted child, so state, and give date stepchild became a member of your household or date adopted child was adopted by you.

NAME OF CHILD.			DATE OF BIRTH.			NAME AND ADDRESS OF PERSON WITH WHOM CHILD LIVES.
			Day.	Month.	Year.	
(Given.)	(Middle.)	(Last.)				

32. Have you a child of any age who is insane, idiotic, or otherwise permanently helpless? *L*

33. State whether your parents are living together, separated, divorced, or dead *Father dead*

34. Give name and address of each parent living *Mother - step, 397 W. Water*

*Elmira, N.Y.*



35. Age of mother 55 Age of father Dead

36. (a) Is your mother now dependent on you for support? Yes

(b) Is your father now dependent on you for support? No

(c) If so, give your average monthly contribution to your mother, \$ 40.00; your father, \$ 1

37. (a) Value of all property owned by your mother, \$ 0; your father, \$ 1

(b) What is the monthly income of your mother, \$ 0; your father, \$ 2

38. Did you make an allotment of your pay? No

39. If so, to whom? ✓

40. Give number of any other claim filed on account of this disability and place where filed Number?

Bdway + Chambers St, N.Y.C. - Compensation

41. Did you ever apply for War Risk Insurance? Is this compensation? (a) When and where?

I do not understand  
(b) Insurance certificate number

42. Name of beneficiary If it is regular insurance, no use.

I am entitled to \$3000 for every month out of service.

I make the foregoing statements as a part of my claim with full knowledge of the penalty provided for making a false statement as to a material fact in a claim for compensation or insurance.

Lynbrook G. Eldon  
(Signature of claimant.)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

by \_\_\_\_\_, claimant, to whom the statements herein were fully made known and explained.

\_\_\_\_\_  
Notary Public.

We, the undersigned, severally solemnly swear that we have known the claimant whose name is subscribed above \_\_\_\_\_ years, and that we have read the statements made by him, and the facts stated are true to the best of our knowledge and belief.

\_\_\_\_\_  
(Signature of witness.)

\_\_\_\_\_  
(Address of witness.)

\_\_\_\_\_  
(Signature of witness.)

\_\_\_\_\_  
(Address of witness.)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

No one here knows me well enough to swear.  
J. Brudley - Spring Valley, N.Y.  
\_\_\_\_\_  
Notary Public.



BUREAU OF  
WAR RISK INSURANCE

## TREASURY DEPARTMENT

WASHINGTON

January 21, 1920.

IN REPLY REFER TO

C-16 909.

Mr. Lynwood G. Celdon,  
754 Jay Street,  
Elmira, New York.

Dear Sir:-

This Bureau is in receipt of a letter from your mother, informing us that you were honorably discharged from the U. S. Army because of physical disability.

In reply to that letter, this Bureau on September 12, 1919, informed your mother that in order to make proper application for compensation, it was necessary for you to fill out the forms 526 and 539, enclosed in that letter. Again on July 1, 1919, this Bureau communicated with you personally and enclosed forms 526 and 539, with the request that you execute the same and return to this Bureau as soon as possible.

To date we have not received these forms and if you desire to prosecute your claim for compensation, it is necessary that we have these enclosed forms in our files. If it is not your desire to claim compensation for disability incurred while in the service, kindly notify this Bureau in order that your case may be marked "closed".

All future communications relative to this case should bear your full name, former rank and organization, as well as our file number C-16 909.

Yours very truly,

R. H. HAILLETT,  
Assistant Director,  
In Charge of Compensation  
& Insurance Claims Division.

Per 

JFD/mm-12.  
Enc. 2.

*Please turn over*



R-9

STATE  
Adm. Serv.  
JAN 29 1920

I filled out papers like these once.  
The Red Cross was my notary. They  
said they would send them in but I  
guess they didn't.

L. Celdon.



January 21, 1920.

Mr. Lynwood G. Celdon,  
754 Jay Street,  
Elmira, New York.

C-16 909.

Dear Sir:-

This Bureau is in receipt of a letter from your mother, informing us that you were honorably discharged from the U. S. Army because of physical disability.

In reply to that letter, this Bureau on September 12, 1919, informed your mother that in order to make proper application for compensation, it was necessary for you to fill out the forms 526 and 539, enclosed in that letter. Again on July 1, 1919, this Bureau communicated with you personally and enclosed forms 526 and 539, with the request that you execute the same and return to this Bureau as soon as possible.

To date we have not received these forms and if you desire to prosecute your claim for compensation, it is necessary that we have these enclosed forms in our files. If it is not your desire to claim compensation for disability incurred while in the service, kindly notify this Bureau in order that your case may be marked "closed".

All future communications relative to this case should bear your full name, former rank and organization, as well as our file number C-16 909.

Yours very truly,

R. H. HALLETT,  
Assistant Director,  
In Charge of Compensation  
& Insurance Claims Division.

Per \_\_\_\_\_

JFD/mm-12.  
Enc. 2.



*Chas*

**TREASURY DEPARTMENT**  
BUREAU OF WAR RISK INSURANCE

MEMORANDUM

Date Jan. 13, 1920

AEB-1c

From Medical Division

To Compensation & Insurance Claims Division

Subject L. G. Celdron  
Hq. Co. 165

C-16909

From the medical evidence presented, in the file and otherwise, it is my opinion that the disability of the claimant mentioned above should be rated as:

T. P. 10% from date of discharge.  
Aggravated by service.

W. C. RUCKER  
Chief Medical Advisor

By \_\_\_\_\_  
Assistant Medical Advisor

Med. Form 1750  
(Revised

9-27-19)

Place Elmira, N.Y.

Date October 27, 1919.

1. Celdon, Lynwood G.

2. Private, Headquarters Co. 165th Inf. Also 71st N.Y. Inf.

3. 754 Jay Street, Elmira, N.Y.

4. 22 years

Chauffeur.

White.

5. While on Mexican Border Aug. 1916, he suffered from sandstorm blindness. Later he returned to N.Y. State, Camp Whitman. Transferred to Reg. Headquarters 165th Inf. In Dec. 1917, admitted to Hackensack Hos. suffering from cold. Discharged from Army Oct. 11, 1917, from Camp A.L. Mills, L.I., N.Y. Records state physical condition poor.

6. Complains of poor eye-sight.

7. Pale, Anaemic. Vision OD 20/70 OS 20/70 Fundus Normal, Myopia. Special report on eyes made by Dr. Arthur C. Smith, Elmira, N.Y., who reported eyes could be corrected to 20/15 both eyes.

8. Myopia 815.

9. Temporary Partial.

10. Favorable

11. No

12. Yes, after Eye correction

13. No

14. Yes

15. No

16. Yes

17. Yes

18. Minor

19. Poor Eye sight

20. Yes

21. Yes

23. Under observation

22. On October 29, and the following week, he was under my care suffering from Amygdilitis Acute. 87

24. Yes If so, when, After eyes are refracted.

Signed

*Arthur C. Smith*



DEC 26 1919  
LAWSON & INSURANCE

September 12, 1918.

Mrs. Agnes Celdon,  
14 West Fort Lee Road,  
Bogota, New Jersey.

In re: C-16909

Dear Madam:

On May 27th in response to a letter from you dated May 9th, certain blanks were forwarded for the use of your son, L. G. Celdon, for the purpose of bringing before this Bureau a claim for any compensation to which he might be entitled by reason of his disability, but up to the present time no claim has been filed. As it is possible the blanks may have been lost or mislaid, I enclose duplicates herewith.

The application should be filled out strictly in accordance with the instructions and all the evidence in addition thereto indicated, should be furnished. The medical blank and also the blank relating to employment should be filled out and returned at the same time.

Very truly yours,

Deputy Commissioner  
Compensation

STC/rdh

Per \_\_\_\_\_



July 1st, 1919.

C-16909.

Mr. L. G. Celdon,  
14 West Fort Lee Road,  
Bogota, New Jersey.

Dear Sir:

With reference to your claim for compensation on account of alleged disability, you will find enclosed herewith form 504, which kindly have some reputable physician execute and return, after he has made careful physical examination of you.

You will also find form 526 and 639, to be executed and returned as soon as possible.

It is further requested that you forward to this Bureau your original discharge from the service, which will be returned to you after copy of same is made for our files.

Referring to insurance, which is separate and distinct from compensation, you are advised that unless it is definitely established that you are totally and permanently disabled, you cannot realize upon your insurance policy. It is suggested, however, that you do not permit your policy to lapse, and the premiums should be paid each month, in form of certified check, bank draft or P.O. Money Order. They should be mailed to the Bookkeeping Section, attention of Mr. Holmes, Audits & Records Division, Washington, D.C., but made payable to the Treasurer of the United States.

Upon the receipt of the information above requested, the matter of your claim for compensation will receive further attention.

Yours very truly,

R. H. HALLETT,

Assistant Director,  
In Charge of  
Compensation and Claims Division.

By \_\_\_\_\_.

RTG-ecj.

Personal Service Record.

This form to be completed and filed in the folder by any employee who furnishes information on a claim. File inside right-hand "record" flap for ready reference.

C# 16909 Date: 2-26-46Name of claimant: Walden L. LinnAddress: 543 Manhattan AveInquiry by: Mr. BuellAddress: Red CrossAuthority, Recognized  
or relationship:Nature of inquiry Welfare organization  
or complaint: representativeWas case referred? no

If so, to whom?

State here, clearly, the substance of information furnished:

(If reverse side used, invert this form)

Hime a. #A-2879



Treasury Department  
Bureau of War Risk Insurance  
Disallowance Memorandum.

Name L. G. CeldonPvt. Headquarters Company 165

Rank

Organization.

Compensation : Disallowed : Death  
Insurance : Disallowed : Disability

File No. C. \_\_\_\_\_

Reason No Claim Filed

I. \_\_\_\_\_

Treasury Department

Bureau of War Risk Insurance  
Disallowance Memorandum.

Name \_\_\_\_\_

Date October 5, 1918.

Organization. \_\_\_\_\_

S. T. Conkling

Examiner



Compensation : Disallowed  
Insurance : Disallowed

Division of Military  
and Naval Insurance.

File No. C-16299  
September 4, 1918.

BUREAU OF WAR RISK INSURANCE

WASHINGTON

The Adjutant General,  
United States Army.

Sir:

In the case of Discharge of L. G. Celdon,  
of Hdq. Co. 165,

you are requested to furnish this Bureau with the items of information  
checked below.

Respectfully,

20 Received A G O, SEP 5 1918

H. C. Houlihan.

Deputy Commissioner Compensation.

wam

1. Full name \_\_\_\_\_ Rank Per.....
2. In active service on Nov. 1, 1917? \_\_\_\_\_. Date of last enlistment \_\_\_\_\_
3. Number of last enlistment \_\_\_\_\_.
4. Date of promotion \_\_\_\_\_.
5. Date of reduction \_\_\_\_\_.
6. Date of discharge \_\_\_\_\_.
7. Date of death \_\_\_\_\_.
8. Emergency address \_\_\_\_\_.
9. Cause of disability \_\_\_\_\_.
10. Cause of death \_\_\_\_\_.
11. In line of duty? \_\_\_\_\_. Result of own wilful misconduct? \_\_\_\_\_.
12. Any facts that show third party responsible for injury or death \_\_\_\_\_.
13. Did disability exist prior to enlistment??? Prior to muster  
in Federal Service.

Dated

SEP 6 1918

Att

C. L. E.  
#49

ACTING

P. C. Harris.

THE ADJUTANT GENERAL



BUREAU OF WAR RISK INSURANCE  
WASHINGTON

May 27th, 1918.

Compensation & Insurance Claims Section.

The Adjutant General,  
United States Army.

Sir:

In the case of discharge of L. G. Celdon,  
of HdQRS Co. 165th (69th) trnsf fr Co. C. 71st N. Y. you are  
requested to furnish this Bureau with the items of information  
checked below.

Respectfully, Received A.G.C. MAY 28 1918

H. C. HOULIHAN,

Superintendent of Compensation.

Per J.C.

- ✓ 1. Full name Lynnewood L. Celdon, Rank Pvt.
2. In active service on Nov. 1, 1917?       . Date of last enlistment
3. Number of last enlistment       .
4. Date of promotion       .
5. Date of reduction       .
- ✓ 6. Date of discharge Oct. 11, 1917.
7. Date of death       .
8. Emergency address       .
- ✓ 9. Cause of disability defective vision.
10. Cause of death       .
- ✓ 11. In line of duty? No. Result of own wilful misconduct?       .
12. Any facts that show third party responsible for injury or death

Dated  
AGL

May 31, 1918

H. P. McCAIN

THE ADJUTANT GENERAL

Per

J. L. R. #49.

LAW DIVISION

3-1868

No Rec 5/23/18 X.M.  
mly

DEPARTMENT OF THE INTERIOR

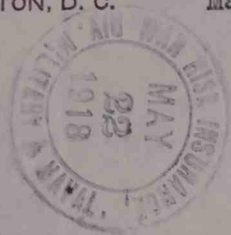
BUREAU OF PENSIONS

WASHINGTON, D. C.

May 13, 1918.

C16909

Mrs. Agnes Celdon,  
14 West Fort Lee Road,  
Bogota, New Jersey.



Comp  
12/23

Madam:

Your attention is invited to Section 312 of the Act of October 6, 1917, in which it is stated that:

"Existing pension laws shall not be applicable after the enactment of this amendment to persons now in or hereafter entering the military or naval service, or to their widows, children, or their dependents, except in so far as rights under any such law shall have heretofore accrued."

It has been determined by the Secretary of the Interior and the Secretary of the Treasury that in case of a soldier or sailor who was in the service October 6, 1917, or afterwards, and who claims compensation on account of a disability incurred in that service, even though such disability was incurred prior to that date, the Bureau of War Risk Insurance has jurisdiction of such claim, and the Bureau of Pensions has not, because of the provision of law above quoted.

Respectfully,

C. M. SALTZGABER.

Commissioner.



14 West Fort Lee Road

Dogota, N.J. May 9<sup>th</sup> 1918

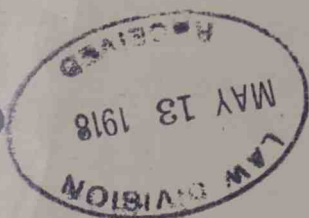
Commissioner of Pension  
Washington  
D C.



C16909

My dear Sir;-

I am writing you  
concerning my <sup>son</sup> ~~son~~ W. L. E. Celdon  
who enlisted with Co C 7<sup>th</sup>  
NY - in June 1916 - and  
later transferred to Head-  
quarters Co 165<sup>th</sup> (69<sup>th</sup>) from  
which organization he was  
honorably discharged because  
of physical disability just  
before the regiment sailed for  
France. He gave up a  
good position to enlist and





C169092

was in splendid physical condition which I think will be easily proven by the fact he was accepted and kept in the service seventeen months. When he came from Texas he was very, very ill..

He really is not able to work now at times - especially after two months of close application he will be down and out for a week or two, at a time. Now, I feel that he should receive some aid from the Government - or





we are very poor - I am  
far over the "age limit"  
and when I applied for a  
position in the Navy  
as a flag maker, I was  
asked - ~~or sent~~, a civil  
service blank to fill out  
which I could not do -  
I can sew a straight  
seam and fell beautiful-  
ly by hand but - do not  
know anything about Geom-  
etry Therefore was bluffed  
there! My son has heart  
and kidney trouble, is  
a willing worker, and is  
temperate and honest.





C16909

I am asking for a pension  
sufficient to keep his  
mind at rest when he  
isn't able to meet the  
necessary demands—  
such as rent etc.

Hoping to hear favorably  
from you I am

Yours respectfully  
Mrs Agnes Celdon.

I refer you to  
Major Alexander Tisdell  
Capt Ely of Co. C 71<sup>st</sup> NY  
At The 71<sup>st</sup> Armory NY  
also Captain Porres / 65<sup>th</sup>  
now in the

